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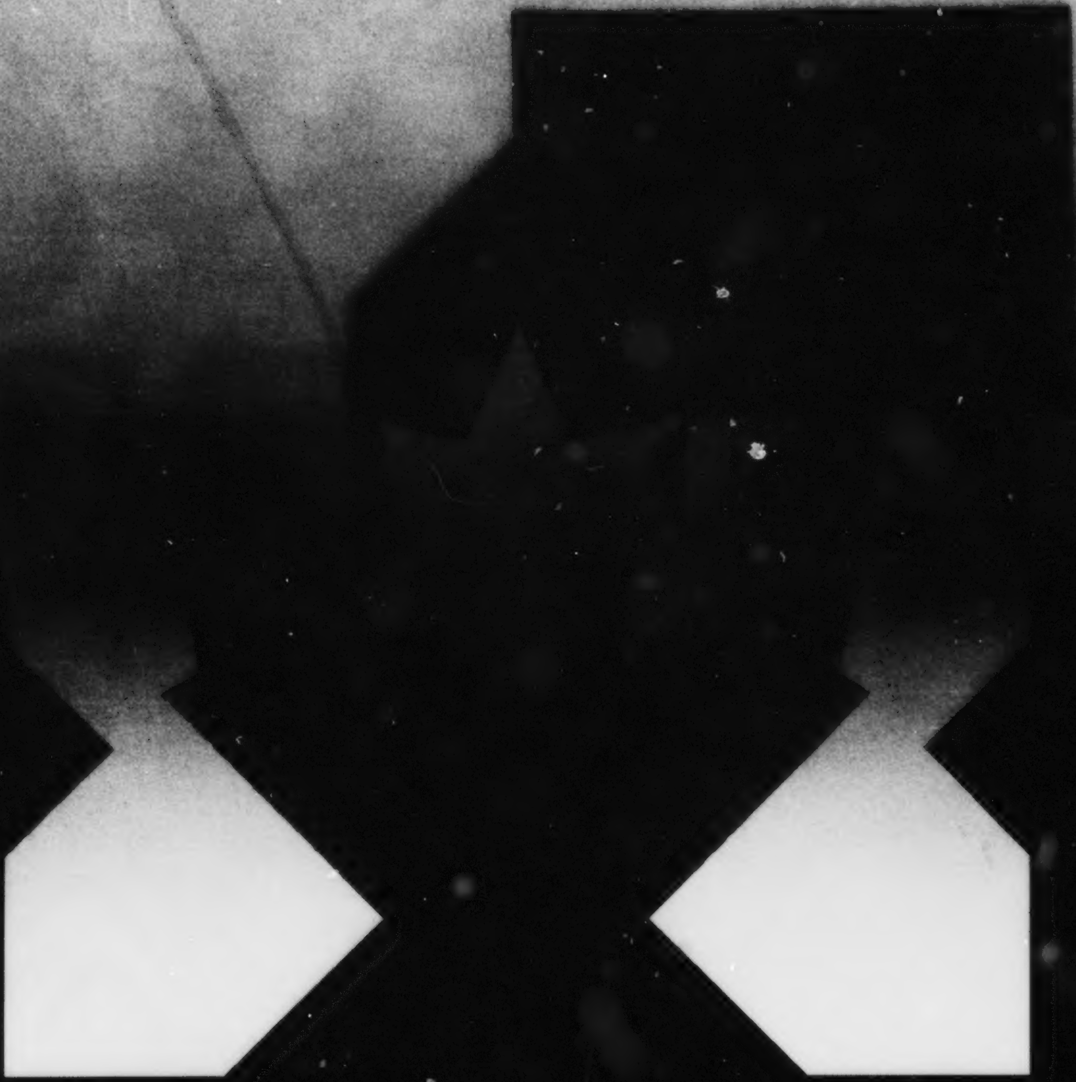

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SUPPORTIVE HOUSING FOR SENIORS: The Elements and Issues for a Canadian Model

SUPPORTIVE HOUSING FOR SENIORS

THE ELEMENTS AND ISSUES FOR A CANADIAN MODEL

Prepared for

the Research Division

Policy, Research and Programs Sector

Canada Mortgage and Housing Corporation

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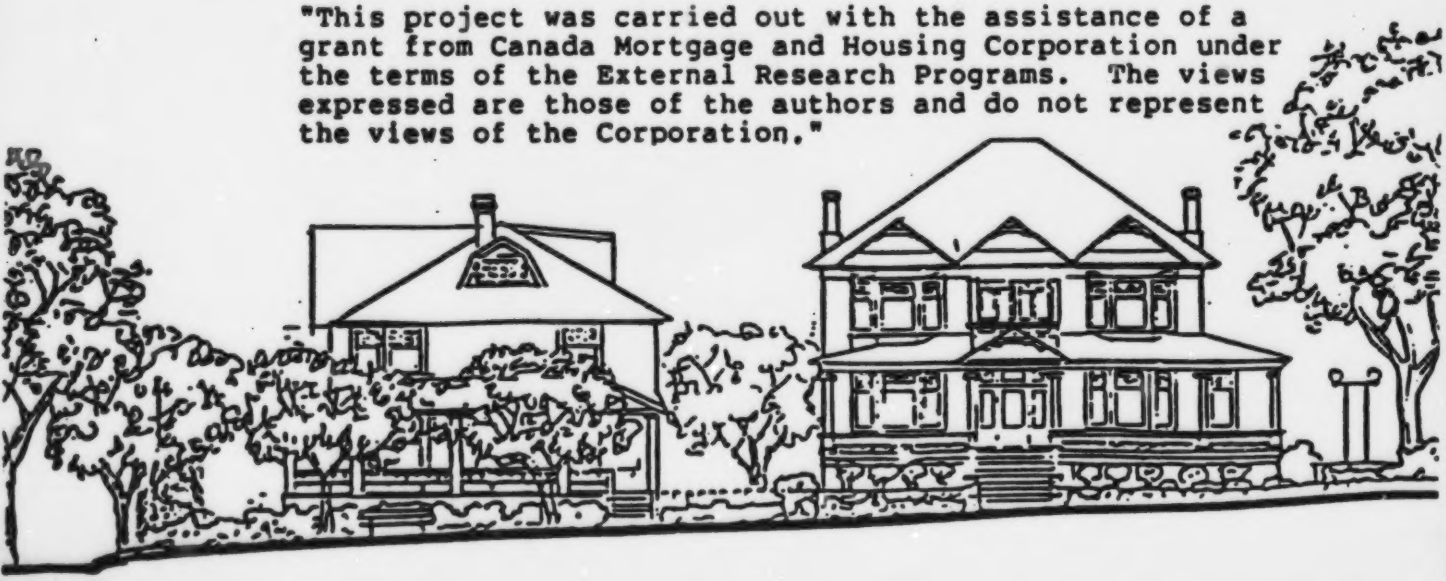

CONTENTS

Page

List of Tables ii

List of Figures iii

Acknowledgements iv

Executive Summary ExSum 1

Introduction: Supportive Housing for Seniors: The Issues and Elements for a Canadian Model . 1

Part 1.0 The Precedents for Supportive Housing 8
- 1.1 Abbeyfield in England 8
- 1.2 Abbeyfield in Australia 16
- 1.3 Small Scale Congregate Housing in the U.S.A . . . 24
- 1.4 Abbeyfield in Canada 36
- 1.5 Abbeyfield in British Columbia 42

Part 2.0 A Context for Supportive Housing 58
- 2.1 The Condition of Aging 58
- 2.2 The Aging Population 67
- 2.3 B.C. Programs for Senior Housing 72
- 2.4 The Vancouver Neighbourhood Context 81
- 2.5 Affordability and Costs 92

Part 3.0 Supportive Housing in Vancouver: A Pilot Study. 102
- 3.1 Focus Group Interviews 103
- 3.2 Individual Interviews and "The NewHome Game" . 109
- 3.3 Making Real Choices: Findings and Results . . . 112

Part 4.0 Issues and Implications 126
- 4.1 The Organization 127
- 4.2 Community Context 127
- 4.3 Residents and Personnel 129
- 4.4 Design 131
- 4.5 Costs and Affordability 132
- 4.6 Continuity 133

Appendices
- Appendix A. American Congregate Housing Application Forms
- Appendix B. Canadian Federal Social Housing Programs
- Appendix C. Calculations for Supportive Housing Costs
- Appendix D. NewHome Game Instructions and Scoring Sheets
- Appendix E. Results for Twenty Housing Features and Options
- Appendix F. Option-by-Option Selection of Housing Features

References

Interview Respondents

LIST OF TABLES

Page

Table 0.1 Housing Choices for Older Canadians 4

Table 0.2 A Glossary of Housing Options for Older People . . 5

Table 1.1 Distribution of Elderly by Type of Shelter 30

Table 2.1 Age Distributions in Canada 67

Table 2.2 Household Living Arrangements of the Elderly . . . 68

Table 2.3 Median Incomes for Individual Seniors - 1981 . . . 69

Table 2.4 Family Status for Seniors in Vancouver - 1986. . . 69

Table 2.5 Components of the Social Housing Program 73

Table 2.6 B.C. Provincial Social Housing Programs 76

Table 2.7 Direct Costs for Supportive Housing 96

Table 2.8 Eligibility Criteria at 30% for Shelter 96

Table 2.9 Effects of Various Economic Factors on Rental Costs for a Privately Funded Supportive Home . . . 97

Table 2.10 Minimum Required Income for "Shelter Plus Care". . 98

Table 2.11 Available Discretionary Funds After Housing Costs. 98

Table 2.12 Rents with Government Supplements 99

Table 3.1 Relationship of Interview Respondents to Clients. 113

Table 3.2 Social Involvement, Health and Medical Conditions 116

Table 3.3 Most Preferred Options for 20 Housing Features . 118

Table 3.4 Most Unacceptable Options for 20 Housing Features 120

Table 3.5 "Negotiability Indices" for 20 Housing Features . 121

Table 3.6 Summary Results for 88 Housing Options 122

LIST OF FIGURES

Page

Figure 0.1 Three Dimensional Model of Supportive Housing . 3

Figure 1.1 The Abbeyfield Society in Australia: Organizational Structure 17

Figure 1.2 Illustrations from Abbeyfield Australia 21

Figure 1.3 Illustrations from St. Andrews Abbeyfield . . . 44

Figure 1.4 Photographs of St. Andrews Abbeyfield 45

Figure 1.5 Floor Plans of Kelowna Abbeyfield House 50

Figure 1.6 Photographs from Kelowna Abbeyfield House . . . 51

Figure 1.7 Floor Plans of The Support Home, Surrey, B.C. . 54

Figure 1.8 Photographs of The Support Home, Surrey, B.C. . 55

Figure 2.1 Vancouver Pilot Study Neighbourhoods 81

Figure 2.2 Supportive Homes Building Types in Dunbar and Riley Park, Vancouver, B.C. . . . 89

Figure 2.3 A Consumer Affordability Model 93

Figure 3.1 Awareness of Seniors at Potential Risk . . . 114

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John, Collins
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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

SUPPORTIVE HOUSING FOR SENIORS
THE ELEMENTS AND ISSUES FOR A CANADIAN MODEL

"Supportive housing" is a new idea in Canada which employs detached housing forms and group living arrangements to maintain and prolong the independence of elderly residents by providing interpersonal and social support (but not medical services) within the housing unit. Supportive housing has a record of success as one alternative to premature institutionalization, but it is still largely unfamiliar to governmental authorities and to the elderly of Canada. In particular, supportive housing can benefit that segment (3 to 5%) of the elderly population who are disinclined to admit their need for greater assistance with the routines of daily living until they are beset by some crisis event. It is also well-suited for older persons who are beginning to exhibit the frailties of aging and who can profit from the interpersonal support of their peers. Peer friendships and networks are very important to the elderly to help the aging process, to provide role continuity and to share mutual support. Diminishing mobility and death among one's friends make it increasingly difficult to maintain peer contacts as one ages in place.

Supportive housing units are defined by their small scale (7-10 persons); homelike social context; shared spaces for dining, entertaining and group activities. Private quarters may range from a bed-sitting room, toilet, basin and small kitchenette to an entire self-contained suite. There is a resident "house person" to oversee meal preparation and general operations. Ordinarily, community organizations such as societies, service clubs or churches provide continuity, legal responsibility, administrative support or volunteer help to ensure that operations are self-sustaining and non-profit. Such housing units appear as "ordinary houses on ordinary streets" and residents maintain an active involvement in the neighbourhood community where they benefit from well-established friendship and lifestyle patterns as well as from the challenges of maximally independent living. Flexibility is essential to successful supportive housing so that it can respond to changing requirements and opportunities which arise in the neighbourhood, community and among the residents themselves as new residents join the social fabric of the supportive home and as current residents age-in-place.

Numerous supportive housing units are operated by The Abbeyfield Society in England, Australia and (since 1986) in Canada. Similar supportive homes in the United States are operated by many different organizations. In the U.K., the Abbeyfield Society has provided a form of sheltered housing for over 30 years. Initially the Society was able to develop only a trickle of supportive homes until the housing form was recognized and funded by government; thereafter both the number of Abbeyfield houses and their success rates expanded rapidly. After supplying supportive homes for the elderly for about 25 years, the U.K. Abbeyfield Society found it necessary to expand its continuum of services by providing Abbeyfield Extra Care Homes to their residents who were not well enough to remain in a regular supportive home. Extra Care Homes have now been in operation for about a decade; each supports about 16 hours of extended care services daily.

It is possible for supportive housing to be developed in response to local needs and without the guidelines and organizational framework or franchise of a national body, but the benefits of some national network of information sources and experiences are highly desirable. Experience in the U.K., Australia, the U.S., and recently also in Canada suggests that for a franchised housing organization and operation to be successful on a national level requires many years of work to structure and build the organization to suit national and provincial requirements as well as local contexts and housing requirements.

The development of supportive housing is timely in Canada; Abbeyfield Societies are being formed and houses are being constructed. As of Fall 1988, two Abbeyfield and one non-Abbeyfield support homes are operational in British Columbia, five more are in the planning phases (two in B.C. and three in Ontario); while an additional two in Quebec are in the preliminary stages. Churches, service clubs and other established groups are becoming sponsors of supportive homes and seniors organizations are lobbying in favour of a supportive housing option. Specific and positive recognition at the three levels of government are necessary steps to make supportive housing alternatives available to those elderly who would benefit from the additional support services and a socially rich environment. Governmental health, housing and social welfare branches must also cooperate to ensure the most effective delivery of their respective services.

The costs for supportive housing are usually higher than standard rents because special housing designs and service levels are available, but these costs are much lower than institutional alternatives. In Vancouver, the income range for people to be eligible for subsidized supportive housing is between $9,000 and $15,000. For privately funded developments, incomes must be $20,000 and above. Under current policies, Vancouver area seniors in the $15,000 to $20,000 range find themselves in an "affordability gap" where their incomes are too large to qualify for housing subsidies and too small to afford privately funded homes. The Canadian federal government and some provincial governments offer individual and joint housing subsidy programs and income supplement programs that need only slight modifications to their terms of reference, definitions of need, services and operations and to the amounts of funding, in order to encourage sponsoring groups to add their own support through volunteer efforts in developing supportive housing.

The study's terms of reference specified a pilot study with two neighbourhood demographic analyses and two interviewing phases: 1) a series of group interviews with people who lived in the pilot study neighbourhoods, and 2) an additional number of individual, in-depth interviews with people who were demographically similar to potential residents of a supportive home. Two Vancouver neighbourhoods (Dunbar South and Riley Park North) were studied as possible locations for supportive housing. Each presented good combinations of community resources and existing building stock, but their zoning restrictions, including a newly amended site density by-law, and local market conditions could pose severe constraints. Groups of elderly who were interviewed for the focus group discussions were more willing to accept familiar though less desirable housing options (such as old age homes) than they were to consider the supportive home options because of their unfamiliarity.

Through the focus group interviews, we became convinced that methods other than conventional questionnaires were necessary for surveying seniors about housing for the frail elderly because older respondents often denied the possibility of failing independence and their own increasing needs for support. We developed a simulation exercise called the **NewHome Game** which required respondents to select housing options they deemed "most preferred", "completely unacceptable" and "negotiable". Respondents could answer for themselves or as the advocate for someone else whom they knew and who was a potential candidate for supportive housing. The game strategy then required them to negotiate their most preferred options by yielding certain of their less preferred choices -- thus adding an element of realism, economics and affordability decisions to their decision-making strategies

The pilot study results showed that the 49 respondents clearly preferred most of the essential characteristics which define supportive housing: small size, shared kitchen and activity areas, mutual support among residents and an active part in the affairs of running the home. On the other hand, they also preferred a full private apartment for each resident-client rather than the "bedsitting, half-bath and kitchenette" package of the Abbeyfield mode. Fourteen of the respondents were seniors speaking for themselves; the remaining 35 spoke as an "advocate" of someone whom they knew to be a plausible candidate for supportive housing. Statistical tests showed few differences between the two groups -- occasionally seniors speaking for themselves selected certain options requiring greater independence and reflecting the choices of the 'hale' elderly more than the frail elderly.

The NewHome Game was encouragingly effective as an interview tool and has potential for a much deeper level of information that can be obtained from statistically more meaningful sample sizes. Samples of 500 or more seniors from varied housing and lifestyle circumstances; older and frailer subsamples; elderly representatives from Canada's dominant ethnic communities; subsamples of people already living in supportive housing situations of varying sizes and care levels -- all these are plausible candidates to include in refinements of the pilot study data bank.

There are additional sources of information and experience that this study was not mandated to consult, but whose perspectives are important: family caregivers, counsellors, social workers, public health nurses, local religious leaders and volunteer groups, and home care workers who periodically visit the homes of the marginally independent elderly. These people can add greatly to what is known about the value of service-rich housing alternatives in sustaining and supporting the marginally independent elderly.

INTRODUCTION AND OVERVIEW

SUPPORTIVE HOUSING FOR SENIORS

THE ISSUES AND ELEMENTS FOR A CANADIAN MODEL

INTRODUCTION

Year-by-year as older persons have come to comprise an increasingly larger proportion of the Canadian population, there has been an expanding awareness of housing issues for the elderly. A too-narrow range of appropriate housing alternatives is often cited as a major problem and seniors themselves are active in working for improvements in the range of choices available to them. Seniors are healthier, better educated, wealthier, and more active than were their peers a few decades ago, and many of their needs have changed. New housing ideas which span the spectrum from full independence to institutional care are being tested by market developers, non-profit organizations, government agencies and seniors' organizations.

Supportive housing is a new idea in Canada which employs single, detached housing forms with innovative living arrangements to maintain and prolong the independence of the residents by providing interpersonal and social (but not medical) support services within the housing unit. It is particularly well-suited for older persons who are beginning to exhibit the frailties of aging and who can profit from the interpersonal support of their peers, but who do not need more intensive medical and personal care of intermediate care institutions. This study focuses on a small scale form of group living called "supportive housing" to distinguish it from other housing and living arrangements which are also reviewed in this study.

There is wide variety among the supportive housing forms studied or visited during this investigation; perhaps the concept is better described as a lifestyle than a building. The characteristics of shelter which foster a lifestyle of companionship, mutual support, and choice have several essential elements which can conform to changes in residents' needs and to contribute positively to their quality of life. The seven definers of supportive housing which emerge consistently throughout the literature reviews and this pilot project are these:

1. Supportive housing units are small scale, and not complex or cumbersome to manage.
2. Supportive housing residents are actively involved in their neighbourhood community so that a sense of belonging is maintained.

3. Such housing units have a support organization that provides continuity, usually through ownership, has legal responsibility for that house, gives administrative support, and supplies volunteer help as needed.

4. Supportive housing provides a home context for a family lifestyle, with mutual and interdependent support, care, and enjoyment amongst the residents.

5. There is a resident "house person" to oversee the preparation of meals and general operation of the home.

6. Supportive housing provides private space for exclusive use of each resident and shared space for all to use as desired and with consideration for the others.

7. Supportive housing units are financially self-sustaining and non-profit.

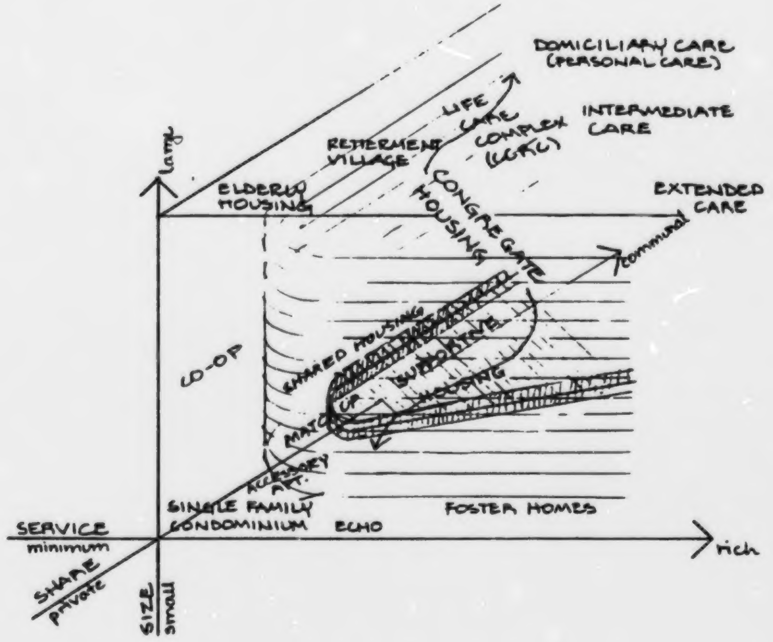
Supportive homes which conform to these defining criteria support a lifestyle that is challenging but not over-burdening for the frail elderly residents. How each of these criteria is translated into housing forms and life style must be resolved on a house-by-house basis. In its most appropriate forms, each unit is dependent on the particular situations of the residents, its location, and the resources available. A key aspect is its flexibility to adapt to a wide variety of situations. Moreover, it must be able to accommodate to the changes required by groups of residents as they age. The chief objective of this investigation is to explore the concept of supportive housing and to examine some of successful instances to determine cost effectiveness and acceptability in Canada. It is not intended to promote any one model, organization or housing form.

DEFINITIONS

A variety of definitions describe independent living in a shared and supported environment where the principal social objective is to prolong independence and to prevent premature institutionalization. Leonard Heumann (1982) uses the term 'Assisted Independent Living' to describe housing for the well, functionally impaired or socially deprived and isolated elderly. In his model, the objective is to provide a physically and socially secure environment that will challenge but not tax the diminishing strength and skills of the aging, and permit an extended life of independence. He suggests a three-dimensional definition (Figure 0.1) for seniors' housing: 1) on-site support services, 2) communal shared space, and 3) the size, or number of residents. By varying these three dimensions, any non-institutional option can be described, both qualitatively and quantitatively.

Figure 0.1

A Three-Dimensional Model of Housing Alternatives for the Elderly


DOMICILIARY CARE
(PERSONAL CARE)
LIFE CARE COMPLEX (LCRC)
INTERMEDIATE CARE
RETIREMENT VILLAGE
large
ELDERLY HOUSING
CONGREGATE HOUSING
EXTENDED CARE
communal
SHARED HOUSING
SUPPORTIVE HOUSING
CO-OP
MATCH UP
ACCESSORY APT.
SINGLE FAMILY
CONDOMINIUM
ECHO
FOSTER HOMES
SERVICE
minimum
rich
SHARE
private
SIZE
small

(Source: Murray, 1988)

These alternatives to assisted independent living translate into a number of different housing choices, forms and options (CMHC, 1988?; AARP, 1984). Tables 0.1 and 0.2 detail many of the options and descriptions found in Canada and the United States and illustrate the wide variations that occur within Heumann's model.

Some of these housing options are better known than others, particularly the Abbeyfield model in various countries of the Commonwealth, and congregate housing in the United States. "Supportive Housing" as described in the report occupies a position at the small scale, service rich and highly shared domain of Heumann's model. The Abbeyfield alternative differs more in the organizational structure of the Society itself than in the housing forms it generates.

Table 0.1

Housing Choices for Older Canadians

Homesharing: Opening one's own home to another who wishes to share accommodations.

Garden Suites: Small self-contained houses usually on the same lot as the family home

Accessory Apartments: Small self-contained dwelling built into new or existing housing.

Flexible-Use Housing: Accessory dwellings designed and built into existing housing on a temporary basis as needs change.

Bi-Family Units: A family unit and a small, self-contained apartment paired together and identifiable as separate units.

Congregate Housing: Multiple private living quarters with shared living, dining, lounge and activity areas.

Abbeyfield Concept Housing: Large house accommodating 7-10 seniors, each with private bedsitting rooms. Shared family-style meals.

Sheltered Retirement Housing: Purpose-built apartments or small homes in groups of 20-50. Resident staff member.

Retirement Villages: Australian retirement developments with 100-200 self-contained dwellings. Emergency response systems.

Mobile Home Retirement Communities: Mobile home retirement developments in quiet, attractive locations.

Life-Care Communities: Planned developments of 100-500 dwellings with on-site services and medical care. Popular in the U.S.

(Source: CMHC, Housing Choices for Older Canadians, 1988?)

Table 0.2

A Glossary of Housing Options for Older People

Accessory Apartment A second, completely private living unit built within the extra space of a single family home

Boarding Home (Rooming House) Residential accommodation that usually consists of a bedroom/sitting room, private or shared bathroom, and common dining area. This housing is open to persons of all ages

Condominium Housing in an apartment building or townhouse complex in which individuals hold title to their living unit but share ownership of the common areas with other owners in the development

Cooperatives Non-profit corporations that own and operate a living facility for the benefit of the occupants who buy shares in the corporation in exchange for the right to occupy a specific living unit

Congregate Housing (Sheltered or Enriched Housing) Specially planned, designed and managed multi-unit rental housing, typically with self-contained apartments. Supportive services such as meals, housekeeping, transportation, social and recreational activities are usually provided

Conventional Home Ownership Traditional ownership of a single family home, townhouse or manufactured (mobile) home

Conventional Rental Housing Traditional rental or leased housing in which tenants lease the right to occupy property—apartment or house—for a specific time at a specified cost

Domiciliary Care Home (Personal Care, Residential Care) Group living arrangements that provide staff supervised meals, housekeeping and personal care, and private or shared sleeping rooms. These facilities are generally licensed and must meet design and operating standards, including minimum staff requirements.

ECHO Housing (Elder Cottage, Granny Flat) A self-contained, free-standing, removable living unit occupied by a relative on the same property and adjacent to a single-family home.

Elderly Housing Project (Housing for Independent Elderly) Rental housing planned, designed and managed to meet the needs and interests of older tenants with services to support independent living.

Federally Assisted Housing (Public Housing) Rental housing built and operated with financial help from the federal government and designed for low-income families of all ages. Some buildings have been specifically designed to meet the needs of low-income persons age 62 and over.

FHA/Veterans Administration/FmHA Home Loans Federally insured home loan programs for the public and eligible veterans who want to purchase approved residential property.

Foster Care Homes Single family homes in which nonrelated older persons live with a foster family. The family provides meals, housekeeping and personal care.

Homes For The Aged Accommodations for people with health limitations. They range from private homes that offer only custodial care to skilled nursing facilities. At a minimum, such homes provide private or shared sleeping rooms, meals, housekeeping, personal care and supervision.

Life Care Complex (Life Care Community, Continuing Care, Campus Complex) Housing development planned, designed and operated to provide a full range of accommodations and services for older adults, including independent living, congregate housing, and medical care. Residents may move from one level to another as their needs change. Financial arrangements usually include a substantial entrance fee plus monthly charges.

Mobile Homes (Manufactured Housing) Compact, self-contained, factory-assembled housing units available for purchase or rental.

Rental Assistance (Housing Assistance, Section 8) Federal government program that provides financial assistance to older people and others with qualifying low incomes. No more than 25 to 30 percent of the individual's income goes toward rent in suitable housing.

Retirement Village (Retirement Community) Developments that typically offer home ownership and rental units for older people. Support services are often available for a fee.

Reverse Mortgage One of the new financial plans designed to enable older homeowners to get cash for the equity in their homes while they continue to occupy them. Money is received in monthly payments or in lump-sum loans. The debt is outstanding for an agreed upon number of years, sometimes until the house is sold.

Sale Leaseback Another home equity conversion plan. A home is sold to an investor who immediately leases it back to the seller (older homeowner) for life.

Shared Home (Group Living) Arrangement in which three or more unrelated people share a house or an apartment. Usually private sleeping quarters are available; the rest of the house is shared.

(Source: AARP, Housing Options for Older People, 1984, p.37)

OVERVIEW

This report is the synthesis of three earlier (interim) reports, together with a recently completed pilot study. The pilot study's overall goal was a preliminary assessment of supportive housing as one strategy for meeting the housing and social needs of older persons in Canada, and which used Vancouver, British Columbia as a study location.

The study was exploratory and was designed to function on two levels: 1) At the local level, to discover the essential physical and operational characteristics of a family-type home that will fill the housing service needs of frail elderly residents in two sample Vancouver neighbourhoods, and 2) At the more general level, to develop and test a method of analysis that can be applied to other locations in British Columbia and elsewhere in Canada.

There are four Parts to this report. Part I outlines the precedents for small scale housing alternatives for seniors. The Abbeyfield Society is the first internationally recognized supportive housing concept. Descriptions of how the Abbeyfield Society and its housing forms have evolved in Britain and recently in Australia are reviewed. The United States also benefits from the congregate living concept as a means to prolong independence. The continuum of services in non-institutional congregate housing in the U.S. also includes small, supportive homes similar to Abbeyfield Society houses. In Canada the history is briefer: the National Abbeyfield and local Abbeyfield Societies in Canada provide an account of how the supportive housing concept is taking form here.

The issues most important to successful supportive housing include organizational structure, community and neighbourhood orientation, personal relations, design, funding, costs and affordability. The review summarizes how each of these issues are resolved by Abbeyfield housing in Britain, Australia and Canada, and by similar, but non-Abbeyfield organizations in the U.S. Subsequently, these key issues become the basis for research tools for sampling the response of potential Vancouver residents to the supportive housing idea.

Part II of the report has two objectives: to examine the general context of aging and housing for the aged, and to survey the local community needs of the elderly, thus shifting the focus from a general context to specific issues pertinent to Vancouver, B.C. as potential location for supportive housing. The first section of Part II, examines gerontological considerations related to housing: aging processes, expectations, need for social, physical and emotional supports, and the limitations that aging imposes on lifestyle, mobility and capacities. The second, third and fourth sections of Part

II document a study of two Vancouver neighbourhoods which examines demographics, zoning, community resources, land availability, and building options to determine opportunities for supportive housing in these locations. In the final section, affordability, local capital and operational costs are related to rents, personal incomes and effects of support programs for a small-scale supportive house.

Part III summarizes the procedures for instrument development prior to surveying potential residents in Vancouver. A two stage data collection approach was employed: first, focus group interviews provided a first estimation of the concept's key issues; second, an information gathering instrument was developed which the researchers called "The NewHome Game". The NewHome Game simulated the decisions and trade-offs which people must make in weighing what are desirable housing options against that which is affordable -- a more realistic decision-making exercise than a standard questionnaire.

Part IV summarizes the findings in the literature and from reviews of currently existing supportive housing as well as from the pilot study outcomes. The need to reconcile conflicts in zoning, costing and public awareness are emphasized. As always, there are suggestions for future studies to answer certain additional questions unaddressed within the terms of reference of this project as well as other questions which arose during the investigation.

PART I

THE PRECEDENTS FOR SUPPORTIVE HOUSING FOR THE ELDERLY

PART I: THE PRECEDENTS FOR SUPPORTIVE HOUSING FOR THE ELDERLY

1.1 Abbeyfield in England

1.2 Abbeyfield in Australia

1.3 Small Scale Congregate Housing in the United States

1.4 Abbeyfield in Canada

1.5 Abbeyfield in British Columbia

Abbeyfield in England offers the perspective of more than 35 years experience with supportive housing. It set early precedents for legislated government recognition and resolved the funding issue for the British experience. During those 30 years, Abbeyfield England has dealt with the continuity of care, learning what organizational adjustments must be made to accommodate residents as they aged from their 60's into their 90's. Abbeyfield in Australia has taken the English formula and opened the issue of centralized organization and the residents role in determining the affairs of their home. In the United States, the parallel issues concern personal independence in shared homes, marketing and education, and cost effectiveness. Recently, Abbeyfield Societies have formed in Canada under provincial regulations. These are affiliated with the Abbeyfield House Society of Canada. Local Abbeyfield Societies are largely autonomous in keeping with Canada's decentralized forms of government.

1.1 - ABBEYFIELD IN ENGLAND

"The Society's purpose ... is to provide the elderly with their own home within the security and companionship of small household, which can be become focal points for goodwill and friendly contact within the community."

This review describes the Abbeyfield Society in terms of its aims, structure, operations, rules, values, staffing and recruitment; and continues with a discussion of issues such as: personal, social, financial and community context. Recent cost data relating to Abbeyfield homes and some future prospects for Abbeyfield are also reviewed.

INTRODUCTION

A number of studies have examined the development, evolution and continuation of the Abbeyfield Society in the United Kingdom.

Notable among these reports are those by Boldy (1983), Morton-Williams (1979, 1986), Peace (1981), Streib and others (1984), as well as those under the imprimatur of the Society itself. In addition to an Abbeyfield focus, other documents describe the larger context of elderly housing in the U.K.; Boldy (1983), Fennell (1986), Heumann and Boldy (1982), and Rose and Bozeat (1980) and others. In turn, Welch and others (1984) as well as Malozemoff and others (1978) have contrasted the sheltered housing experience in the U.K. with that of congretate housing in the United States.

The concept of 'sharing' is used in the book by Streib, Folts and Hilker (1984) to describe variants of communal living, including Abbeyfield Society houses. Heumann and Boldy (1982, Table 1.4) distinguish between U.S. congregate housing and the Abbeyfield model in stressing that the only private room in the U.K. interpretation is the bedroom. There continues to be some confusion between the U.S. term 'congregate', which requires common meals, and the U.K. term 'sheltered', which requires supervision, common rooms, warning systems and daily checks (Besdine and Sherwood, 1982). Heumann and Boldy (1982) put the Abbeyfield model in its own special category, similar to but not the same as the small-scale U.S. congregate home (see Sec. 1.3) nor quite the same as the U.K category 2-1/2.

Alternative elderly housing arrangements in the United Kingdom fall into three major classes: conventional, sheltered, and institutional (Heumann and Boldy, 1982, Table 1.6). The 'sheltered' class, is characterized by four key points (Rose and Bozeat, 1980, Table 1):

1. Protection against mishap
2. Ease, convenience and comfort (by heated corridors, small multiple dwellings, or absence of stairs);
3. Sociability through sharing of facilities
4. Caring (housecleaning, meals-on-wheels or other occasional assistance).

Sheltered housing projects in the United Kingdom are numerous. Heumann and Boldy (1982) found over 4,000 such projects in just two major sub-areas. These averaged 29 tenants each and collectively accounted for the accommodation of about one elderly person in eight in those areas.

Sheltered housing projects were originally commissioned under government initiative and fell into two legislated "categories." Category 1 provided some common areas in government housing, and Category 2 provided more common facilities and sometimes a resident 'warden' or concierge. Neither category provides for meals or for in-house services other than supervision, maintenance and coordination of community resources.

More recently, sheltered housing has been built by national housing associations such as the Royal British Legion, Anchor Housing (Fennell, 1986) and the Hanover Housing Association

(Rose and Bozeat, 1980, p. 6). Support for their projects comes via legislation authorizing the Department of the Environment and the Housing Corporation to fund or mortgage "sheltered flatlets" through Housing Association Grants. These associations also have advanced projects in a category termed "2-1/2". This alternative provides for individual bedsitters with other rooms and meals communally shared from an institutional kitchen serving 30-40 persons. The highest level-of-service category of U.K. elderly housing is termed 'linked', and requires proximity to old folks homes or institutions which can give multiple levels of care (Rose and Bozeat, 1980, Table 1).

NATIONAL STRUCTURE

In the United Kingdom, the national Abbeyfield Society is a parallel association with the Royal British Legion, Anchor Housing and Hanover Housing associations as a major provider of "Category 2-1/2 Homes" for the elderly. The Abbeyfield Society is a federation of voluntary local charitable societies (Abbeyfield, 1976). The local societies (Abbeyfield AFD 7) set up and manage (Abbeyfield AFD 4) family-sized houses where seven to nine elderly people live together with the aid of a resident housekeeper-cook. Each house is financially self-supporting. Each tenant pays her/his full share of operating and capital costs, sometimes with the aid of government supplemental income assistance. Local society volunteers are recruited from the immediate community as are the residents themselves.

The federation of local societies is structured at four levels: national, regional, district and local. It is sustained in part by contributions from the local house societies on a per house basis. The functions of National Headquarters (Abbeyfield, 1983, Section 1-10) include stipulations of terms of reference for the establishment of each Abbeyfield house, with detailed suggestions for operations, enlistment of tenants, financing and other matters. Headquarters operations include national fundraising, government and intergovernmental relations, overseas relations, industrial liaison, record-keeping, research, policy-making, dissemination of information bulletins, and the negotiating and granting of insurance and loans for starting new houses.

The Abbeyfield Society is 38 years old. It began in the 1950's under the leadership of R. Carr Gomm in Bermondsey, London. Noticing that some very old residents lived in isolation, he proposed opening a house with housekeeper where lonely elderly clients could live together in family style. He had been meeting other interested people at a house on Abbeyfield Road; from which the Society takes its name. At first, progress was very slow; the first Abbeyfield House opened in 1959, but people were reluctant to move in. Eighty persons were invited to live in the house before the first said yes. Two years later, six more houses were opened, sheltering 26 eighty-year-olds. Within the decade, over three hundred Abbeyfield houses were operating.

Rapid early growth brought some friction into policy-making at local, regional and national levels. In 1976 the National Society was reconstituted with the Prince of Wales as its Honorary Sponsor and with a formal structure of policies, duties, obligations and responsibilities developed for the London headquarters. Initiatives for the formation of new house societies remained at local levels; the role of headquarters was to assist, advise, inform and approve. Development of new Abbeyfield houses in the U.K. has continued steadily since 1976 at a rate of about 5% per year, surpassing 1,000 in 1987. House failure, which averaged about 5 instances per year before the 1976 reorganization, has since been practically nil (Abbeyfield, Review of 1986).

COMMUNITY RELATIONSHIPS

The functions of the Abbeyfield Society are built upon its premises, purposes, and principles, as expressed in The Guiding Principles of the Abbeyfield Society (no date):

> Premises: "That elderly people have an important role to play amongst their families, friends and community; That many elderly people suffer from loneliness and insecurity; That within the community the individual has an essential part to play in helping elderly people in special need."
>
> Purpose: "To provide the elderly with their own homes within the security and companionship of small household."
>
> Principles: a) "Wherever there is a need, a local Abbeyfield Society is set up which will have full local responsibility for opening and maintaining Abbeyfield Houses;
>
> b) Houses are situated in the communities from which the residents are usually drawn;
> c) Loneliness is the primary consideration in the selection of residents;
> d) Residents have rooms of their own, furnish them as they wish, and look after them;
> e) Privacy is respected, but visits from relations, friends and neighbours are encouraged;
> f) Each resident pays his/her share of running costs of the house;
> g) A housekeeper residing in each house cares for the residents, runs the house and provides and prepares the main meals;
> h) Local clergy and ministers are made aware of the house and given the opportunity to visit as in an ordinary home."

Visits of community service and health professionals and workers also are welcomed.

The national Abbeyfield Society has issued detailed procedures for accomplishing each of these eight principles:

The tasks of the first meeting of a group of people interested in setting up a local Abbeyfield society is to constitute themselves as a Steering Committee made up of a Chairman/Hon. Secretary and others. These can include a solicitor, an accountant, an architect, a social worker, and church representatives. The committee investigates local authorities, housing costs, and other Abbeyfield Houses. Thereafter it applies through a regional office for affiliation with Abbeyfield and registration as a local not-for-profit housing association. Thereafter an executive committee of 12-18 persons runs the society with officer's duties as specified by the national society. The societies are autonomous except for two things: 1) they must adhere to the principles above, and 2) they should adhere to the time-proven procedures.

IN-HOUSE OPERATIONS

A key feature of Abbeyfield is that they are SMALL (their emphasis) households for several reasons: if they are small, they can be placed in districts of ordinary single-family detached dwellings; their common rooms will be of domestic scale, not institutional; and smallness may be associated with low overhead and the use of volunteer helpers.

"... Loneliness is usually a bigger problem than that of 'making ends meet'" (Abbeyfield Society, 1983c). It is also important, however, that residents are ambulant and able to care for themselves and their rooms. As they age, these provisions become increasingly difficult, so Abbeyfield has developed "Extra Care" homes (Abbeyfield Society, 1983a).

In the early years, Abbeyfield bedsitting rooms rarely had private toilets, but did typically include a wash-basin and simple cooking facilities. All newer units are now equipped with private toilets (Hough, 1988).

To maintain one's private bedroom means retaining certain exclusive territory within the dwelling. Desirably, each resident's quarters will be identified with their initials on the door, and characterized by their own interior furnishings, space for visitors to sit, and several egress routes.

The charitable aspect of Abbeyfield does not include rent subsidy. "The first objective of a local society is to cover its cost ... after proper provision for depreciation and maintenance and repairs ... local societies should build up a reserve of 5,000 pounds sterling per house of seven residents to meet unforeseen circumstances ... It is desirable to aim for a surplus of income over expenditure each year. Currently (1983c) 500 pounds per house of seven residents is thought appropriate" (Abbeyfield Society, 1983b, section 1.14).

RESIDENTS AND PERSONNEL

The household manager is critical to the operation of an Abbeyfield house (Shimizu, 1988, in press). She is a friend to the residents, not a nurse, since the usual Abbeyfield house does not offer nursing care. Usually she is a woman with a child, or a spouse with grown children, typically in the 50-65 year age range (Abbeyfield Members Handbook, 1983). She buys, cooks and serves the food. She is helped by infusion of community services into the house: home-help, fix-it services, visiting nurses, social workers, or meals-on-wheels where appropriate. She is one of the three 'decision-centres' concerned with household affairs; the other two are the residents and the House Committee of volunteers. Shimizu further reports that

> "Various ethnic communities have affiliated with either local societies or the national society to provide small scale homes for the very old in their communities. For example, there is a London Polish House located in a newly build housing project in an area with a Polish Catholic Church and Community Centre. Two Servite Sisters from Poland live-in as staff and Polish is the language used daily... In another area of London the Abbeyfield Harrow Society manages a house in which the residents are second generation Polish and Russian Jews. English, rather than Yiddish or Hebrew is the language in daily use, with a liberal sprinkling of Yiddish expressions. Jewish traditions are observed in the preparation of meals."

In the nearly 40 years since Abbeyfield housing first began, some of the residents have become older and frailer and some have required more care than the typical supportive home could provide. To meet the needs of these people, the Abbeyfield Society has developed a number of Extra Care Homes (Abbeyfield, 1983). Shimizu reports that in 1988 there are 29 Abbeyfield Extra Care Homes in the U.K.

> "One in Farnham to the south of London was opened about a year ago. It houses 25 persons, two of whom require a wheelchair to move about, but as the home has been built with wider doors and hallways, an elevator, special lifts in the bathrooms as well as adjustable counters in the residents' rooms, the wheelchair bound residents are able to cope readily inside the home. Care is provided around the clock by personal care staff whose only qualifications are interest and concern for the elderly, and ability to look after their needs with kindness. They are supervised by two qualified nurses who have separate apartments in the home. With only

> 25 residents, the atmosphere is more home-like than institutional."

Two major surveys and follow-ups nearly a decade apart (Morton-Williams, 1979 and 1986) have examined the intermediate-term successes (and shortcomings) of Abbeyfield housing in the U.K. These studies have investigated numerous factors including: age of the some, number of residents, funding strategies, occupancy levels, residents' circumstances before coming to the home, reasons for coming to Abbeyfield, present income, and residents' satisfaction with their lives at Abbeyfield. Shimizu summarizes the 1979 survey results thus:

> "The survey indicated that Abbeyfield was largely succeeding in its objectives in that it provided a viable way of life for elderly people who would otherwise be lonely, and have difficulty managing their own lives in the community, or would have to enter a home for the aged or a large personal care residence. Most of them were happy, felt that they were maintaining a certain amount of independence and were neither lonely nor bored. A majority (61%) thought that they received very good value for their money."

SUMMARY

Abbeyfield England required more than a decade to achieve governmental recognition. In 1977, the Society established a Commission on Growth which sponsored several studies (Durdle, 1978; Morton-Williams, 1979) prior to the publication of the Society's own findings and recommendations (Abbeyfield, 1979). The Commission reaffirmed that:

- Its market among people 75 and older living alone is confirmed by low vacancy rates in Abbeyfield houses. On a per-capita basis, Abbeyfield houses are 'thicker on the ground' in smaller town and cities -- about one house per 8,000 population.
- Policies of relative autonomy and informality among local house societies, housekeepers and volunteers has evolved well. Satisfaction with Abbeyfield continues 'high' to 'very high' among both housekeepers and residents.
- Sizes of resident groups in Abbeyfield homes (other than in Extra Care Homes) is limited to single digit numbers.
- Residents' fees are set to cover full operating, contingency, and capital costs.
- Government Housing Assistance Grants have proved vital to the continued national growth of Abbeyfield in England -- to more than a thousand houses with very low annual attrition.

Despite these satisfactions, the Commission noted some areas of concern:

- Current government policy is to focus locally administered Housing Assistance Grants for renovation and construction of elderly accomodations largely to inner city areas typically characterized by large minority populations.

- Abbeyfield residents and recruits are older than in previous decades, thus creating a demand for larger, high-cost Extra Care Homes.

- A rising standard of living increases the expectation among residents and potential residents for private half-baths and kitchenettes, or even self-contained suites.

- As Abbeyfield houses age, so do the volunteers operating them. Sometimes the volunteers fail to replace themselves with younger persons so that the regional association network must stimulate participation among younger volunteers from the community.

- In a world of high-speed mobility and communication, giving care to very old relatives places increasing strain on dispersed family members.

If Canada chooses to make use of some of the essential features of Abbeyfield, it is important to allow adequate time for establishing guidelines, structuring an organization, and for developing terms of reference at national, provincial and local levels. Solutions appropriate to the Canadian context must eventually address questions about levels of care to be made available, frailty vs. loneliness as the principle focus of supportive housing, and how to accomodate residents from minority cultures. There may be an important lesson for Canada in the U.K. experience: The first task is to **begin**; other problems and their solutions will arise in due time.

1.2 - ABBEYFIELD IN AUSTRALIA

INTRODUCTION

In adapting to a different culture and society, Abbeyfield in Australia departs from its British roots in several ways, yet it retains core elements of the U.K. model. Three main concepts distinguish Abbeyfield Australia as it has evolved since its establishment in 1981:

1) Organizational Structure;
2) Two Types of Houses
   - Standard government-assisted houses for low-income seniors
   - Non-Standard financed through capital from residents
3) Resident Participation.

The Abbeyfield experience in Australia contains important examples and implications for Canadian Abbeyfield societies and other non-profit societies developing sheltered housing.

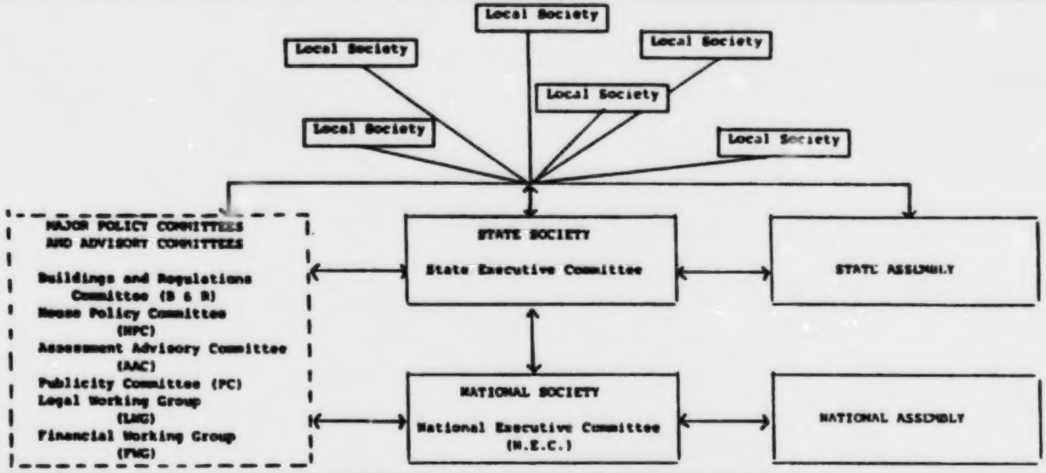
NATIONAL AND LOCAL STRUCTURE

In response to a perceived gap in the range of housing available to older Australians, the Abbeyfield concept was seriously considered as a possible option in the late 1970's. Several members of the Council on Aging in the state of Victoria visited U.K. Abbeyfield houses to study the possibility of adapting the concept to Australian lifestyles. By 1981 the national level of the Abbeyfield Society in Australia was established; first to develop an Australian conception of Abbeyfield (see Figure 1.1), second, to clarify the place of Abbeyfield in the range of seniors' housing options in Australia, and third, to establish essential contacts with various government levels and agencies.

For three years the Australian interpretation of Abbeyfield evolved under the national society, while knowledge and support grew among government and the community. Thus the Society's goals and objectives were incorporated into nationally-standardized policies. This conceptual consistency has permitted Abbeyfield to promote and develop itself a viable housing option throughout Australia. National standardization has been important in seeking endorsement and funding from government and from the public.

Figure 1.1

The Organization of the Abbeyfield Society in Australia


Local Society
Local Society
Local Society
Local Society
Local Society
Local Society
MAJOR POLICY COMMITTEES
AND ADVISORY COMMITTEES
Buildings and Regulations Committee (B & R)
House Policy Committee (HPC)
Assessment Advisory Committee (AAC)
Publicity Committee (PC)
Legal Working Group (LWG)
Financial Working Group (FWG)
STATE SOCIETY
State Executive Committee
STATE ASSEMBLY
NATIONAL SOCIETY
National Executive Committee (N.E.C.)
NATIONAL ASSEMBLY

(Source: The Abbeyfield Society (Australia) Ltd.)

In 1985, the first Australian Abbeyfield house was established by the local Melbourne Society as a federally-funded pilot project. As in the U.K., all Abbeyfield houses are planned and established through local initiative and interest, spearheaded by local Abbeyfield societies (see Figure 1.1).

While local Abbeyfield societies work within the framework of state and national organization, policies and guidelines, they enjoy independent financing and administration. Much of the local work is steered by two committees: the Executive Committee and the House Committee. The **Executive Committee** plans and directs the housing projects, selects residents, manages and maintains the house, supervises the housekeeper, and assists residents in adjusting to Abbeyfield living or in finding required assistance or alternative accommodation.

The **House Committee** consists of all house residents together with up to five non-resident resource persons appointed by the local Abbeyfield society. The House Committee makes decisions regarding the day-to-day life of the house, such as determining the duties of the housekeeper, the house resource persons, and deciding household issues such as house rules, meal times, pet policy, bookings for the spare room, handling of interpersonal conflicts, recommending potential residents or housekeepers, and forming the residents' perspective for the yearly Abbeyfield State Assembly.

Other committees necessary in forming and running Abbeyfield houses in Australia include: 1) building and regulations committee; 2) house policy committee; 3) assessment advisory committee; 4) publicity committee; 5) legal working group; 6) financial working group. The national Abbeyfield Society in Australia determines the terms of reference of each committee, and each committee reports to the national, state and local societies. This enhances a uniformity throughout Australia in the financing, development and management of Abbeyfield houses.

National and state Abbeyfield offices provide a range of advisory and consultative services to groups wishing to form local societies. Currently such funding is available from the State government of Victoria. A system of future funding is being explored which will coordinate contributions from house residents, local societies and state societies.

COMMUNITY RELATIONSHIPS

Abbeyfield Australia Houses have been generally accepted by neighbourhoods and communities. There was some early skepticism among the National Committee members who studied the U.K. Abbeyfield model whether the general notion of sheltered housing or the Abbeyfield's version would be accepted by the individualistic Australians. Adapting the U.K. model resulted in a democratic, three-tiered organizational structure with residents' participation in day-to-day decisions. It is likely that the domestic scale and character of Abbeyfield houses facilitates acceptance and that it serves as a missing option for older Australians in their local communities. Most people recognize the value of support in a familiar home-like setting as their their capabilities decline.

Abbeyfield Australia policies and guidelines are sufficiently broad to include ethnic groups and their wider communities and there is strong interest among local ethnic groups to develop Abbeyfield houses based on common language, culture, diet and religion.

RESIDENTS AND PERSONNEL

Abbeyfield houses requires that residents be capable of meeting their own personal needs and to care for their rooms and laundry. However, local societies help in arranging assistance on a temporary or permanent basis. Physical mobility, assisted by canes, walkers or wheelchairs is acceptable, but Abbeyfield is not suitable for seriously confused older persons. A resident who becomes ill enough for hospital care can retain their room until it is clear that the resident's needs are too care-intensive for Abbeyfield life.

Residents are selected by members of the local society's Assessment Committee of two or three professionals (geriatrician or doctor, nurse, social worker, physiotherapist) with consultations with existing residents of the house. Screening takes place on the basis of social need or loneliness, financial status, and ties within the neighbourhood. Other criteria include house sex and age mix, values and lifestyles. A trial period of three months allows new residents time to adjust and determine their compatibility with Abbeyfield living.

The **housekeeper** plays a key role in the Abbeyfield concept. Although the housekeeper lives in the house, he or she is not on twenty-four hour call, except in emergencies. Wages are union level ($6.60/hour - 1985) and a thirty-five hour week is standard. Job descriptions vary according to the needs and interests of house residents. Main duties include helping residents to create a pleasant and friendly home, planning, shopping and preparing two main meals per day, and caring for the common areas of the house. Housekeepers provide only temporary minor assistance to ill or convalescing residents. Days-off and holidays are standardized union equivalents, and volunteers from the local Abbeyfield society assist as relief housekeepers on weekends, holidays and vacation periods.

DESIGN

Abbeyfield Australia currently operates two houses in the Melbourne, Victoria area. The first is a renovated ten-resident standard house formed by building a living/dining room bridge between two small houses. The appearance of the houses from the street has not changed. The second is also a standard house purpose built for 10 residents. A non-standard house was also formed in 1986 in the Melbourne area but folded within its first year because of insufficient numbers of residents. Perhaps another factor in its failure is the disincentive provided by current government housing subsidies to individuals who could afford to assist in meeting much of their housing costs (Dunster, 1988). While the idea of residents contributing to the capital costs of the house may have been somewhat ahead of its time, non-standard houses are still part of the Australian Society's plans for the future.

The National Abbeyfield Australia Society has explicit design outlines for its houses. Locational considerations, design features, hardware, furnishings, equipment, minimum unit sizes, width of entrances, halls, and bathrooms, fire and safety precautions are all specified in Abbeyfield Australia Guidelines for both renovated or purpose-built houses. The major elements of Abbeyfield houses include:

1) House of domestic scale and character, fitting the image of "an ordinary family home on an ordinary street";

2) A private bed-sitting room for each resident, containing a washroom with toilet and basin, and a shower or bath; a cupboard supplied with minor cooking equipment for making breakfast and light meals;

3) Communal areas such as a dining/living room, laundry room and outdoor areas for the use of all residents;

4) A kitchen accessible and usable by all residents to assist in meal preparation if desirable, or to do their own cooking and baking;

5) A guest room which is available for booking by the residents, potential residents on trial visits, or used by the relief housekeeper;

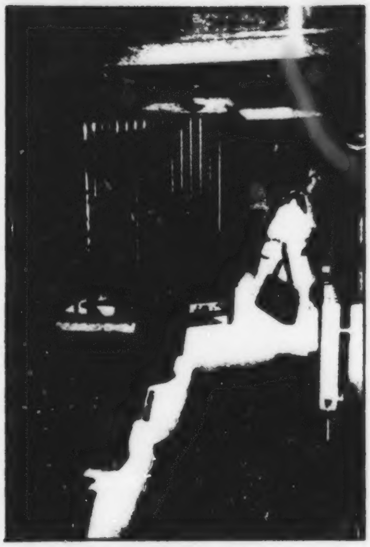
6) Handicapped-accessible bathroom which is usually located adjacent to the guest room for use by visitors or guests;

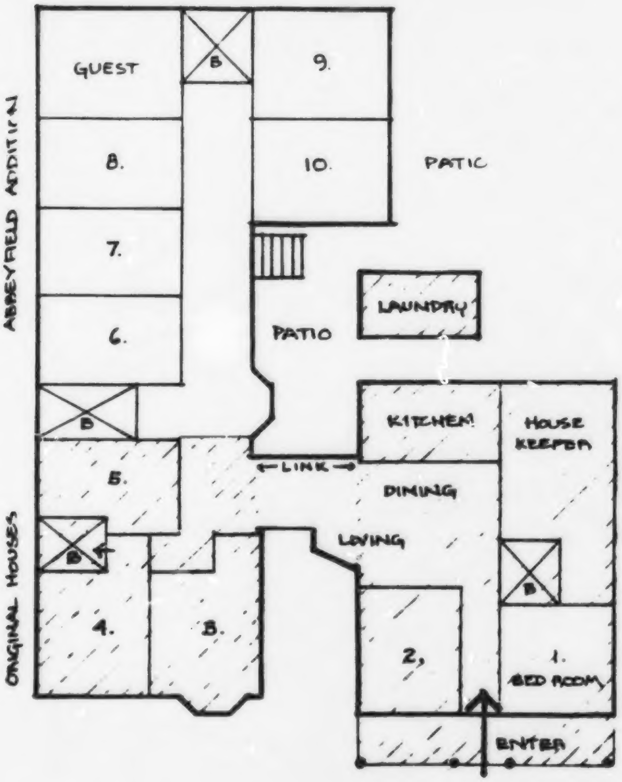
7) Housekeepers quarters, which are self-contained and private.

Figure 1.2 on the following page illustrates some ways in which these design criteria are translated into actual housing forms and living arrangements. It is the "ordinary house on an ordinary street" criterion that lends the Abbeyfield concept wide appeal in many different cities and settings.

Figure 1.2

Illustrations from Abbeyfield Australia




GUEST
B
9.
ABBEYFIELD ADDITION
8.
10.
PATIC
7.
LAUNDRY
PATIO
6.
B
KITCHEN
HOUSE KEEPER
5.
←LINK→
DINING
LIVING
ORIGINAL HOUSES
B
B
4.
3.
2,
1.
BED ROOM
ENTER

First Australian house joins two single family with a "link" and bed room addition.

"Link"

Plan Diagram constructed from photos taken during Kathler visit 1986.

CAPITAL AND OPERATIONAL COSTS

Abbeyfield residents pay food and operating costs, but not capital costs. Houses are financed through tax deductible donations (cash, assets or buildings), interest-free loans (from residents and non-residents) and government assistance (land, funding).

For "standard houses", none of the capital costs are passed on to residents. Government funding and the local community support the existing standard house in Melbourne. In non-standard houses, residents are asked to contribute to the capital costs of their house through interest-free loans. Entry into the one existing non-standard house would have required, a $70,000.00 investment per resident, but the house closed because of too few residents.

The National Abbeyfield Society is now negotiating a funding system with the Australian State and National governments to provide 100% of the capital costs of establishing standard houses, 60-95% of costs of non-standard houses depending upon the residents socio-economic characteristics, and mortgages or loans to make up differences between capital and total costs of housing projects.

Local societies strive to plan and run economically viable and self-supporting organizations and houses. The main means of meeting operational costs is residents fees. The fees cover the housekeeper's salary and board, the resident's room and board, utilities, maintenance and upkeep, and house administration costs. Fees may vary from house to house, but those for standard houses are set at a maximum of 85% of basic pension income. While the budget of standard houses is constrained by the limited incomes of low-income residents and therefore the lifestyle is basic. Non-standard houses have more luxurious menus, furnishings and equipment.

SUMMARY

The success of Abbeyfield as a housing concept in Australia is becoming evident as five new standard houses in 1988 are under construction in Canberra, South Australia (2), New South Wales, and Victoria. A very positive evaluation report in 1987 by the government of Victoria has aided the promotion and growth of the Abbeyfield concept, and has given it full recognition as a housing form receiving government subsidies. The New South Wales Office for the Aged is also endorsing Abbeyfield houses.

West Victoria will also have the first "extended care" house which provides a home for frail regular Abbeyfield residents. However, it does not provide the same level of care as do the U.K. Extra Care Homes. Two groups of 7 - 10 residents are assisted by three staff: a day and an evening housekeeper, and a nurse. This house is an instance of a coordinated local initiative which resulted from two years of debate and lobbying. Land is leased for 50 years from the local city government; the Ministry of Housing has provided a capital grant; and the Ministry of Health has assisted with some subsidies for the residents and costs of the housekeepers.

This initiative interests the Australian National Government greatly as a potential housing-care solution for older persons in rural areas, for ethnic groups, and possibly for younger, disabled persons. As more Abbeyfield homes open, the Australian housing policies and funding practices with be further challenged and tested.

While Abbeyfield Australia has proven that a U.K. housing model can be transferred to other countries, the refinement of the Australian model is still underway. The short history of Abbeyfield Australia highlights the importance of local community participation as a base for home development and for ensuring cost effectiveness.

1.3 - ALTERNATIVE HOUSING FOR SENIORS IN THE UNITED STATES

> "Being old is not the problem, but aging in this country brings with it attending issues; specifically, poverty, limited choices, safety and security issues, increased isolation and loneliness--nowhere do those problems come into clearer focus than in the area of housing" (Stockard, 1981).

INTRODUCTION

Small scale congregate housing has a parallel, but different history in the United States. Similar in scale and operation to the Abbeyfield home, the American congregate has evolved from a different base and without arriving at a defined formula for establishing of a home. This section reviews key issues that arise out of the American experience, especially as they relate to conditions in the Canadian context.

In the United States, there are two kinds of supportive housing that are both small and 'service-rich' (Heumann, 1982), 'congregate' and 'shared' housing. Shretter (1983) identifies three types of 'shared' housing, 'naturally-occurring', 'agency assisted' and 'agency sponsored'. The 'agency-sponsored model' is usually the largest of the three. Here, a sponsor organization operates the group residence and takes the responsibility for the selection of the residents. This agency sponsored housing is similar to Abbeyfield in the sharing and size dimensions but is not necessarily service rich.

A second alternative is congregate housing where a group of people share a range of common facilities and services. The United States Government Housing and Urban Development (HUD) defines this as a collection of dwellings connected to a central dining facility where at least one communal meal is taken each day.

Congregate homes are rich in services, with live-in staff to manage the house, serve residents' needs and coordinate resources. Additional services which can be negotiated include; meals, transportation, homemaking, personal care and certain home nursing for the administration of medicines, although the home does not routinely provide medical care as an in-house service.

Congregate housing varies widely in size; groups can range from four people to two hundred or more. Studies of Boston congregate housing tends toward the smaller sizes, and close to the Abbeyfield model. The **Final Report on Congregate Housing for Older People: An Effective Alternative** prepared in June

1984 for the Massachusetts Department of Elder Affairs provides a description:

> "Forms of Congregate Houses: Congregate living arrangements may include as few as four residents and in some definitions as many as fifty or more residents. The congregate setting can be a small apartment in a larger conventional building, a large apartment with five to nine residents, or a house unto itself. The form that a particular congregate arrangement takes depends on the context in which it is constructed. Many forms are appropriate for this form of housing."

Although these congregate homes are typically rental living, they are distinguished from the traditional, old style boarding house in two major ways. First, the residents of the home are encouraged to play a decisive role in its management. Second, the congregate home is run on a not-for-profit basis by the sponsor organization which either owns or has leased the property for the purpose of the Senior Congregate Residence.

NATIONAL STRUCTURE

A network of organizations supporting non-profit housing for the aged extends across the United States. Representatives from two National Associations serving the elderly were interviewed for this study.

The American Association of Homes for the Aging (AAHA) is a trade association established in 1961 with affiliated associations in thirty-seven states. The AAHA has a membership of 2,800 residential establishments housing over 500,000 seniors, 75% sponsored by religious organizations. The association promotes the interests of its members through advocacy, education, professional development, research, and services; and works to enhance member's ability to meet social, health, environmental, and quality of living needs of the individuals and communities they serve.

The second national association is the American Association of Retired Persons (AARP) with membership open to anyone fifty years and older. It currently has a constituency of twenty-four million members and a working corps of 1,000 employees and 500,000 volunteers. The mandate of the AARP is research and publishing, also active participation with the network of organizations offering information and services to retired persons. Public education is a matter of primary concern since the idea of shared living is still not an easy concept for the majority of the aging population to accept.

Unlike the Abbeyfield Society, the national associations in the United States do not promote any one particular formula for housing the elderly. Rather, they are umbrella organizations working for general improvement in housing for the aging. They also lobby for support at the federal government level; for example lobbying for home delivered services to increase service flexibility for residents in non-institutional homes.

COMMUNITY RELATIONSHIPS

The location of congregate homes links their development and operation to zoning regulations, conditions and resources in the neighbourhood, and to community attitudes and values. An early planning step should be to assess the local resources and to enlist community support by inviting the community's ideas and concerns about their own elderly. This is probably best accomplished by working through community leaders and existing community networks. (Welch, 1984).

The congregate housing concept has the flexibility to adapt to the needs of a changing community. It can be a strategic response to land speculation and displacement of neighbourhood residents by making efficient use of the available housing stock. Because the congregate idea for housing promotes continuity, it also contributes to the stability of the neighbourhood and improved home maintenance (US Congressional Hearing, 1981). Congregate Housing should not be allowed to earn an image of 'low income', or 'old-age home' through a repetitive applications of a single design type where it can so readily conform to differing community needs and values (Welch, 1984).

Neighbourhood ignorance is the most significant barrier to the establishment of the small shared homes for groups of elderly (Cram, 1985). It is a lack of understanding that equates these homes with rooming houses, boarding houses or old age homes. Education is the key to realizing the benefit from neighbourhood support.

IN-HOUSE OPERATIONS

Typically, the small congregate homes are established with the sponsorship and on-going operational support of a local non-profit society. A number of individually operated congregate homes may be linked to the larger network through affiliation with regional organizations such as Action for Boston Community Development, or a religious organization, but each home is set up as an independent operation.

The internal structure and the house rules, if any, are most often decided by the residents. However, guides on establishing congregate homes (Welch; ABC 1982) recommend that the sponsor organization set up in advance a well defined procedures for selecting residents, and for deciding when an individual can no longer be supported.

The selection of residents is likely to follow a preliminary assessment of the prospective resident's income and ability to pay. For federally supported financing or rental assistance, the principle criteria for selection is imposed by Housing and Urban Development (HUD) and is based entirely on income. People must have incomes of less than $14,400 (1987 U.S. dollars) to be eligible for rental assistance from HUD. If the sponsor is a private non-profit organization, then prospective residents will need incomes in the $20,000 per year range.

Two examples of application forms are included in Appendix A. The two forms cover similar ranges of questions, but ask for differing degrees of detail. The questions cover concerns for selecting residents such as: previous housing experience, kinds of assistance needed, general medical history, personal skills and interests, and financial situation. Applicants are asked to nominate a relative or friend who can act as their advocate, and also to give the name of their personal physician.

A central definition of congregate housing is that no nursing or medical care is provided. thus residents must be healthy and semi-independent. Additional criteria are good hygiene, an ability to look after their own medication, and an ability to use their environment safely. Mobility, sight, and hearing impairment are generally not a problem (Zidel, Trilling House, Personal Interview, 1987).

Managers and residents both need a system of agreements to define the moment when an individual can no longer stay in the congregate home. However, experience has shown that this tends not to be a problem. Either people recognize when they must leave or they remain in good health until they are helped through their last days by mutual agreement of the people in the house (Mollica, 1984).

The findings from extensive studies of the congregate homes in the Boston area conclude that the management plan for the home must distinguish between the responsibilities for the place, for money, and for people. There needs to be a manager for the plant, a facilitator for the group, and an advocate for the individual (Robinson and Parker, Personal Interviews, 1987).

RESIDENTS AND PERSONNEL

It was assumed that the 'old elderly', those frail elderly who are most at risk of moving into a nursing home, would choose the congregate alternatives to spend the rest of their days. But this is not at all the case. This group have much less perceived need and is most satisfied with their situation, even when conditions are not very good. (AARP,1980)

Although there is no typical profile of the congregate resident, the Boston area study reports that most are in their mid- to late seventies. Many have moved out of a nursing home and are in some transition resulting in a crisis decision to move -- a spouse has died, they suffered a stroke, broken bone or some other traumatic event (Mollica, 1984).

The best situation is when the new congregate home is perceived as an extension of one's own life-style with a sense of control and the opportunity to make personal choices. To exercise choice, a person needs alternatives in physical surroundings, services available, and social opportunities present. Because they are sensitive to their own independence and self determination, members of a congregate 'family' should not perceive themselves primarily as purchasers of shelter and service (Cram, 1985).

Each resident has his own set of daily problems, physical shelter needs, service requirements, and own social abilities. These will change over time as aging occurs. Since the congregate home is intended as a service-rich setting as well as housing, a range of personal support should be available for each resident when needed: informal social support from fellow residents, programmed daily support from the homes coordinator, and extended support from family or advocate nominated to take up the responsibility for the older person's welfare when necessary.

The selection of residents for a congregate home is a multi-sided process. The potential resident must make personal choices among the housing alternatives, and the congregate community must choose the resident to suit the congregate group. The congregate alternative is still relatively new and unknown in the United States. Education is important to familiarize people with the idea, and involving the elderly in the critical process for choosing their housing. Together with the education, it is likely that they need counselling to help them to understand their own expectations (Day Lower, 1982).

A trial period is suggested to give a new resident the chance to sample the lifestyle and compatibility in homes that have a guest room (Welch, 1984). Heumann 1982 proposes the importance of a balance of skill and activity level among the residents so they can all share in the operations and management of their home. Ideally, this helps residents retain a sense of independence and control over their lives.

Where there is a 'live-in' coordinator, this person's character has a strong influence on the house. Coordinators each have a particular styles in carrying out the assigned responsibilities such as manager, rule maker, advocate, mother, parent, or best friend. (Welch, 1984). The level of expertise of the staff, flexibility in the management and operation of the home are key factors in providing a continuum of service to maintain independence for the aging residents where their needs are constantly changing.

DESIGN

The United States has not adopted any particular formula of house size such as the Abbeyfield policy of about eight residents per house; thus the basic question of optimum size for a congregate home remains an open issue. Where economics is the sole measure, a structure housing 100 - 200 residents is recommended. Thus smaller congregate homes tend to be designed to fit existing houses or small buildings.

Paul Baxter of Boston Aging Concerns, has suggested that the appropriate number is not a fixed figure, but is related to the number of people using shared facilities. He cited the plan for a new home being developed in an old school building which will be a home for thirty-two people. The arrangement of the home will have five residents share a kitchen and two residents share a toilet and basin. The experience of people working with Boston Aging Concerns is that where too many people share a facility they tend to lose a sense of belonging to the whole house and the freedom to move freely among the common spaces.

Good balance must exist between shared facility and private space. "At home" means being in control of sharing and privacy (Welch, 1984). Common areas can be decentralized to encourage the crossing of paths. Informal gathering places can be arranged so that "previewing" is made possible and informal drop-in socializing encouraged.

Cram (1985) suggests that several smaller sized rooms are better than one or two large rooms for the common areas, and the bedrooms not be too large. Many storage areas about the house are recommended by several sources, as is a big common kitchen with ample counter space and storage. The kitchen should be big enough to accommodate several people at a time, possibly including people with walkers or wheelchairs, and there should be an adjacent nook to accommodate informal meals.

Cram and Welch note that as many bathrooms as possible should be be within residents quarters and that shower or bath should be separate from the toilets. (Cram, 1985; Welch, 1984)

Researchers in the Boston area found that control of their own personal space is especially important to congregate residents. They arrange their rooms to function for many purposes. Almost everyone entertains family or friends in their rooms which will have several sitting areas no matter how small. Where cooking facilities are not provided, residents themselves have installed small refrigerators, toaster ovens, and electric coffee pots. Even where there are no cooking utensils there is always a shelf or table with snacks (Mollica, 1984).

Attention to the effects of aging is essential as is an understanding of barrier free design specifically designed to promote independence. Aging dims sight and diminishes colour perceptions so that lighting and the use of colour need particular attention, especially where safety is involved. People tend to become more easily confused as they grow older, so a house should be arranged so that it is interesting but not confusing for them. The elderly vary widely in their sensitivity to hot and cold, so the locations of the thermostats in the house becomes an important consideration. Experience suggests that there should either be one thermostat in each room, or one for each resident; never should a single thermostat be shared between two bedrooms. (Mollica, 1984).

The chapter on design in Independence Through Interdependence by Welch, Parker and Zeisel, 1984 provides insights into designs for Congregate Homes. As well The Do-Able Renewable Home by J.P.S. Salmen, AIA, for the American Association of Retired Persons provides information about making the home more livable for residents with limitations in movement, strength, dexterity, eye sight, or hearing. This booklet provides good clear illustrations of the features it describes.

CAPITAL AND OPERATING COSTS.

The small scale congregate houses tend to be affordable and do-able over a relatively short period of time. This makes them suitable for development through local private non-profit organizations (U.S. Congressional Hearing, 1981). "Affordable" does not necessarily equate to "inexpensive", however. Most are operated without federal subsidies and are usually accessible to residents with incomes of $20,000 or more. It is a common practice in the United States for privately funded congregate homes to charge a substantial entrance fee. The market for small congregate units continues to increase, and a first U.S. Abbeyfield House has been constructed in the Southeast.

The AARP "Housing Report", February, 1987, quotes Tracey Lux Francis who observed, "...the reality that retirement housing is not demand-driven and is perceived as an adverse product." Heumann (1982) agrees and suggests that the best approach is to analyze the the need rather than to survey the demand.

In analyzing the potential need, Heumann surveyed the proportion of the 65+ population experiencing 1) dysfunction, 2) ill housing, 3) low income, or 4) living alone. As shown in Table

1.1, he suggests that between 10% and 15% of the plus sixty-five age group could benefit from living in a congregate or sheltered home.

Table 1.1

Distribution of the Elderly by Type of Shelter

Type of Shelter	%
A. Conventional Housing Design	81-86
B. Sheltered Housing	10-15
1. Minimal Service Facilities	6-10
2. Service-Rich Facilities	4- 5
C. Institutional Care	4

(Source: Heumann, 1982, p. 43)

Heumann terms these figures "a most conservative estimate of the need for assisted independent living facilities over the next two decades."

A 1985 real estate analysis suggested that feasibility studies for congregate housing should anticipate no more than 3% of age and income qualified residents in any particular market area who are not already in some form of retirement home. This is a small fraction, but the percentage is expected to increase over the next five to ten years as congregate living becomes better known and as the population structure ages.

Affordability has also been studied on the basis of the institutional alternative and their replacement costs. The Housing Research and Development Program at the University of Illinois undertook the research for Cost Comparison of Congregate Housing and Long Term Care Facilities in the Mid-West with Leonard Heumann as principal investigator. He concludes that there are substantial per resident savings in costs for congregate type housing compared to institutional care in the U.S. mid west. The annual savings in 1985 U.S. dollars ranged between $636 to $1257 per resident. He also observed that the savings were accompanied by major gains in the quality of living (Heumann, 1985).

Sponsors of congregate homes must carefully develop long-term (5 to 10 years) financial plans for their houses. Plans should cover capital improvements, yearly routine maintenance, and reserves to assist residents with personal need problems. Debt servicing represents a significant portion of the costs that must be absorbed in the rents paid by U.S. residents. For the small scale community sponsored project, it is worthwhile to make special effort to keep the capital acquisition costs as low as possible.

HOUSING COSTS

How much can prospective residents be expected to pay for congregate home living? The amounts vary in each market, and will determine what a sponsor group can afford to spend in establishing the house. Many authors emphasize the self-obvious: the survival of a congregate home depends on more money coming in than going out. Providing housing for the aging is inevitably a situation of rising costs versus diminishing assets. As the improved quality of living extends life expectancy, it also stretches the life resources, and repeated rent raises are difficult for people on fixed incomes.

An opposing argument is that there is great wealth vested in the elderly population in the form of home equity assets. Estimates in the United States, suggest that 70% of the assets of the elderly are in their homes (U.S. Congressional Briefing, 1985). Various methods of home equity conversion are being developed and tried. The 'Reverse Mortgage' has two forms. One is at fixed term for a set number of years at a given interest. This provides monthly payments during a specific term, then full payback plus interest is due. The second is the open ended form which provides monthly payments for life as long as the owner is living in his home. This is offered with both fixed and variable interest components.

Other home equity conversion schemes are variations on a sale plan. In one type of plan the house is sold and then leased back to the previous owner who receives a down payment and usually a small monthly installment from the purchaser who takes possession of the house when the previous owner dies or moves out. This is usually an informal two party arrangement. A second version is a remainder interest plan more appropriate for low value homes where the buyer becomes owner only upon the death of the resident.

A third way of realizing income from home equity through some form of special purpose loan, usually from a government source at little or no interest, and which are often used for major household repairs. Tax deferral programs are essentially treated as a loan which must be repaid at the time the house is sold.

The elder population is financially vulnerable, at risk and inherently cautious and needs to have professional advice available. Home Equity conversion options offer a number of complex variations including; duration of tenure, the value of the appreciation of the property, collateral, and taxes. Some form of government funded insurance is advisable to reduce the risk for both the older home owner and the investor (U.S. Congressional Briefing,1985).

SUMMARY

The issues in the American model relevant to Canadian supportive housing fall into four main themes: questions about the organizational structure, the acceptability of an unfamiliar housing alternative, the needs and expectations of the prospective residents, and problems of cost and affordability.

The development of small congregate homes in the United States has occurred without the guiding framework of any single organization such as the Abbeyfield Society. They have developed as a result of independent local initiatives, and display considerable variation in management and in form. The non-profit sponsoring group is usually part of some larger organization and is often linked to a nation-wide network of organizations. This multiplicity of sponsoring organizations may contribute to the difficulty of discovering a precise definition of congregate housing. Nonetheless, the 10 to 15 years of experience with their development in the United States has yielded successful results. Studies indicated that the general health of residents in the homes has improved since their move (Heumann, 1982), and for the most part, the residents are quite satisfied with their new situation and come to view is as a permanent home (Cram, 1985).

Even in the United States, small congregate homes are still a fairly unfamiliar option and lack of familiarity accounts for some of the difficulties in promoting congregate homes in local communities, in obtaining financing, and in marketing to prospective residents. Part of the solution is community-wide education and cooperative efforts to make the home fit the neighbourhood and community as well as it serves the needs of the local elderly.

A major topic in the literature discusses the congregate model and its interaction with the social environment and lifestyle of the homes since the primary intention is to prolong residents' independence. Independence is incorporated both in management policy and in housing design by encouraging residents to participate in the affairs of the house and to exercise control over their daily personal activities. In this sense, 'control' means to exercise choices, and these social implications must be engineered into the design, arrangements and interlinkages of shared space with private areas.

Careful selection of residents determines the compatibility and mutual support of the house, its lifestyle, and its practical operations. Trial residency periods test the compatibility among the members. For people to be accepted as residents, they must be generally healthy and able to function safely in the environment, although disabilities are not necessarily limitations.

The economic implications of supportive housing are always important, and small scale projects rarely fit the private

market interests. However, privately funded, non-profit sponsors are more inclined to calculate on the basis of need rather than demand, and on their own ability to handle a small project. Housing for the frail elderly is not a market commodity. The very old, who are most vulnerable and would be best served by supportive housing, are inclined to be satisfied with their present housing no matter what its condition might be. It may be that family members or others charged with their care, make the actual decision when the older person is to move. Many of those who have moved to small congregate homes have had a crisis situation that triggered the change.

The small congregate operation is typically a service rich rental accommodation that is more costly than normal market units, but also makes for more efficient service delivery than would the same number of separate dwellings. And certainly it yields considerable savings over the same number of beds in an extended care institution. The American government has provided limited funding through HUD for "demonstration" congregate projects, but has not instituted a major program of funding such as has occurred for Abbeyfield in England and in Australia. HUD assistance is available for people with incomes less than $15,000 (US), while private non-profit rental requires a minimum annual income of approximately $20,000 (US).

The rental and service packages are structured in many different ways, for example:

1. rent plus choices from separately priced services and extras;
2. entry fee plus rent plus the choice of services;
3. substantial loan or refundable deposit plus rent and services;
4. all-inclusive rental fee

The formula for determining the rental fees must be resolved on a project-by-project basis early in the planning stage.

It may well be more difficult to establish a small congregate home in the United States than an Abbeyfield Society house in England or Australia. Abbeyfield is a known commodity which operates according to an established formula. The American congregate house evolves according to local conditions where expectations may vary widely.

At the moment, Canada find itself somewhere between the two approaches. A National Abbeyfield Society has been established and has prepared some preliminary guidelines, while the two Abbeyfield houses that have been opened followed their own path. Other groups are also looking at the English and American models and are considering establishing houses based on the supportive housing concept, but with the support of a parent church.

The following conclusions derive from the principal researcher's interviews with researchers, administrators, national organization staff, and government representatives:

1. It would be practical for the aging to consider their own home planning while they are relatively young and moving is easier. When moving is a choice, not a necessity, it allows greater freedom for the remaining active years.

2. It is likely that any kind of senior housing is perceived to be a threat to the old elderly; that a move to a 'old age home' will deprive them of independence and dignity. Therefore they withdraw from choosing to change.

3. The support and protection of individuality in congregate living is a key distinction from the institutional approach where everyone is treated the same regardless of need or wishes.

4. The problem of oversupply and poorly targeted services are better handled in a congregate setting where coordination of the delivery can be part of the service provided.

5. There is likely a very different expectation associated with the larger congregate apartment that have one and two bedroom units with complete kitchens than there is for the small congregate home. The former seems to be closer to the position of purchasing shelter and services and the latter caters more to the family of choice.

6. There is an outstanding question concerning the effectiveness of supportive home living. Does it actually diminish or does it just postpone the need for expensive nursing home care? The experiences of Abbeyfield in England suggest that supportive housing does indeed diminish the need. Abbeyfield Extra Care homes come close to eliminating intermediate medical care.

1.4 - ABBEYFIELD IN CANADA

INTRODUCTION

Like Abbeyfield in Australia, the Abbeyfield Houses Society of Canada was formed in the early 1980's and was incorporated at the end of 1985 (Edinborough and Edinborough, 1986). At about the same time, a few local societies were organized, starting with Kelowna, B.C. (1984), Victoria (1985), Sidney, B.C. (1986), and Vancouver (1986). Other local affiliated societies have subsequently been established in Calgary, St. Peters (Victoria, B.C.), Guelph (Ontario) and Port Hope (Ontario), as well as Toronto. As of Spring 1988, two Abbeyfield houses in British Columbia (Sidney and Kelowna) are open and occupied by residents.

The experiences of the national Society and of the two British Columbia Societies (Sidney, Kelowna) which opened houses during the years 1984 to 1988 are reviewed in this- and the next section of the Report. Canada's experience with national and local contexts, internal organization, community reactions, selection of residents and employees, physical design of houses, costs and finances are summarized also; as are evaluations of problems, issues and non-problems in Canada during the past four years.

Housing options for Canadian elderly fall in three major groups: independent living, supported independent living, and dependent living (Brink, 1984, p.1). In the United Kingdom, roughly equivalent categories are conventional, sheltered, and institutional (Heumann and Boldy, 1982, Table 1.6). Abbeyfield housing in Canada falls into the 'sheltered' category, which in turn is divided into three sub-levels: self-contained dwellings; partial suites or bed-sitting rooms for elderly which require some on-site servicing; and rooms or suites in a congregate/collective setting. Small single- or multi-unit variants of supported independent housing in Canada ... such as homesharing, garden (or granny) suites, secondary suites or congregate housing ... are inhibited by residential zoning ordinances in many municipalities. At the same time, municipal zoning may provide for larger-scale establishments such as life-tenancy centres (with integrated care); mobile home subdivisions, sheltered retirement housing, or old folks homes. These larger accommodations are thus more typical in the Canadian context.

Funding of smaller scale supportive independent housing for the elderly in Canada also is problematic. According to a recent annual report, Canada Mortgage and Housing Corporation, which administers the National Housing Act, provides assistance to elderly housing according to four need paradigms: low income;

substandard dwelling; family assistance; and handicapped or disabled. Other elderly, who may be well, independent, and have above minimum incomes are less well served in terms of facilities' assistance where they may not fit unambiguously, demonstrably or conveniently into the four need paradigms. In supportive housing for the well but lonely, the aim is to delay entry of such clientele into personal care facilities.

NATIONAL STRUCTURE

"Abbeyfield in Canada is a federation of voluntary local societies each with charitable status, which set up and manage family houses where seven to nine elderly people have their own bed-sitting room" (Davis, 1986).

The name "Abbeyfield" is enfranchised in Canada by agreement with the Abbeyfield Society (U.K.). Local societies are permitted as Abbeyfield units to use that name in their provinces for a one-time-only fee of $200, given their consistent adherence to the principles represented by the name. National enfranchisement offers maintenance of standards of practice and a degree of assurance of this to prospective residents.

While the Canadian organization is based upon the British model, Abbeyfield Houses Society of Canada presently operates with a two-tiered structure: national and local. Establishing intermediate provincial or area tiers has not been an initial concern. Thus a proposed Canadian Abbeyfield structure would be "flatter" than in Britain or Australia. The reciprocal roles and responsibilities between the national and local bodies is a matter of current concern within the national society. There is yet no clear blueprint which regulates and governs how the local societies interact among themselves or with the national society, how they approach provincial and federal agencies for recources and finances, nor how tightly "federated" the local societies are to Abbeyfield Canada. These structural and organizational issues are to be aired at the next national meeting (Bosley, 1988).

The mission of the national society is to "give security and companionship to elderly people who would otherwise be living alone, who no longer feel able to lead a completely independent life in a private house or even a senior citizens apartment, but do not need the full time attendance provided by an Old Age Home" (Abbeyfield Houses Society of Canada Members Handbook, 1986). The first of its tasks is to translate the Abbeyfield (U.K.) model into reasonable Canadian terms; to encourage adoption of and to sustain adherence to these terms by local Abbeyfield societies and in information bulletins; and (e.g., (1986); and to assist, advise and encourage the formation of local societies (Forming a local Abbeyfield Society). The second task is to undertake the funding, creation and operation of Abbeyfield houses in the Toronto area, while developing funding policy with the Ontario and national governments. Although one Abbeyfield board member remarked "We in Toronto are trying to set up our own house, but we have become too involved with government (Seaton, 1987)."

The Abbeyfield Society of Canada endeavours to create an Abbeyfield identity by radio and television broadcasts, government lobbies, press information and talks before civic bodies. It has developed a national logo (Edinborough and Edinborough, 1986) and has now obtained letters patent based upon the U.K. version with one difference: Because Canada is a multicultural society, the phrase about Christian concern is omitted from the U.K. statement of purpose: "The Abbeyfield Society, founded (as an expression of Christian concern) for the elderly, is a cooperative effort by people of faith and goodwill". The Canadian Abbeyfield Members Handbook (no date) is available at a small fee to members of local societies.

National Policies

In a sense, Abbeyfield in Canada is a franchise operation, and its 'product' needs to be tailored to diverse provincial conditions and to be standardized nationally by rules, practices, codes, and evaluations time-tested elsewhere. Strictures of national codes do not easily fit with local control and autonomy. For this reason, Canadian Abbeyfield Societies have needed to clarify questions about policies in Abbeyfield U.K. which may not be wholly appropriate to Canada. For example:

Religious orientation? The religious and cultural pluralism of Canadian society has led to omitting mention of Christianity as a theme of Abbeyfield policy.

Size? After debate about economics of scale, Abbeyfield Canada adheres to recommendations of British Abbeyfield (Abbeyfield Society, March 1979, p. 32) that the number of residents in a House number seven to eight.

Couples? In Sidney B.C. a number of door frames are roughed in between adjacent bedsitting rooms which can be joined at some later date if need arises and if couples were admitted as residents. Presently, however, Abbeyfield Canada concurs with a rule-of-thumb that coupled individuals support each other and thus do not fit into a 'lonely, isolated' paradigm.

Bathrooms? Few Abbeyfield houses in the U.K. initially included private toilets -- perhaps because they were thought to be inconsistent with a "family-style" ideology. Nonetheless, Canadian ideas of privacy, access and control argue for at least private toilets and basins; their lack can impede recruitment of elderly tenants (Wace, 1988).

Government subsidies? The first Canadian Abbeyfield was built with government underwriting and subsidy; the second had none. Government aid for elderly housing in Canada is based on the premise of helping the "needy", not subsidizing independent hail/frail elderly singles. Too many regulations and application form at too many government levels can undo the benefits of government aid (Wace, 1988).

Costs? Custom-built big-city Abbeyfield houses with commodious social rooms, spacious bedsitting rooms with private baths or half-baths, and kitchens or kitchenettes can cost more per resident than a renovated manse without private baths in a smaller city, and more than a suite with sitting room, bedroom and bath in a large proprietary congregate complex.

Recruitment? Enjoyable as it may be, living in a group home does not yet appear to have wide consumer appeal among the elderly in Canada. The evidence in Sidney, Kelowna and elsewhere suggests that residents come more for support than for the quality of house ambience. If so, then referrals from care-givers and members of the helping professions may be a wiser way to place residents than by advertising, other public announcements, or word of mouth.

Zoning? The core idea of small supportive family-style homes for the elderly is their location in central, convenient residential districts. Strict RS-1 zoning which allows only single-family occupancies of detached dwellings militates against supportive housing development unless municipalities relax their interpretations.

LOCAL ORGANIZATION

Currently, the local Abbeyfield societies are autonomous, since they operate in diverse jurisdictions and must deal with different sets of local issues. For example, local societies each have their own terms of incorporation, are each entitled to their own charitable registration number, and their members are not members of a national society.

"Each house is acquired by a local volunteer Abbeyfield Society that manages the maintenance, finances and overall affairs of the house. Once a home is set up, all daily operating costs are shared by the residents" (Normand, 1987). Two British Columbia Abbeyfield houses have been opened, in Sidney and Kelowna; in a sense, both are pilot projects. The experience of the Abbeyfield concept in British Columbia is detailed in Section 1.5 following.

Local Abbeyfield Projects

The Abbeyfield House Society of Canada has drafted a budget for a hypothetical Abbeyfield House in Toronto, although no specific site has been selected. Its Building Committee posited a 6,500 square foot building with a self-contained housekeeper's suite, apartments for each of nine residents, and perhaps a room for overnight guests (McMullen and others, 1987).

The Committee proposes a half-million dollar purchase price, with an additional $230,000 budgeted for expansions and renovations. A 35-year 10% mortgage of $730,000 is assumed. Mortgage interest plus taxes, utilities and reserves, total to $7,688 monthly. Operational costs, staff salaries and benefits add another $1,225 monthly, for a total of $8,913 per month or $991 monthly for each of nine residents. Food purchase and preparation is estimated at $2,000 per month or $223 per resident for a total of $1,194 per resident per month.

As of August 1988, two other Abbeyfield projects are in the planning stages in Ontario. In Guelph, the Rotary Club is coordinating planning efforts for an Abbeyfield House. In Port Hope, a local church is the sponsoring agency. In Quebec, two additional projects are in the "preliminary inquiry" stage (Bosley, 1988).

SUMMARY

Since its inception five years ago, the Abbeyfield movement in Canada has evolved into a national body with seven local chapters, four of which now own Abbeyfield houses. From its inception, the Abbeyfield Houses Society of Canada has worked to establish national standards and policies; an objective with three advantages:

1) A set of national standards promotes interdependence among local societies, thus enhancing their shared objectives and common strengths.

2) Local societies which adhere to national policies and standards can anticipate and avoid planning and operational pitfalls.

3) Residents, their families, and health care professionals can reasonably anticipate that one Abbeyfield House is much like another and function as a 'known quantity' Canada-wide.

Progress since Abbeyfield came to Canada has not been rapid, but neither was it in Britain. The Abbeyfield Society (U.K.) itself took three years (1956-1959) to open its first house. Even when that was ready, 80 persons were invited to live in it and refused before two accepted (Streib and others, 1984, p. 158). Nevertheless, Canadian efforts have been encouraged by certain successes in the U.K.: a) favourable reports of satisfaction of Abbeyfield (U.K.) residents; b) a 5% annual growth in the number of Abbeyfield (U.K.) houses; c) the social strength and unity of Abbeyfield (U.K.); d) the consensual atmosphere of government assistance to 'frail but hail' elderly in the U.K.;

The Abbeyfield experience in Canada is only just beginning, but already evidence and experiences are accumulating. Despite uncertainties, conviction remains firm both within and outside Abbeyfield Canada that the volunteer-operated small supportive home for frail elderly is likely to be the most humane and cost-efficient complement to staying in one's own home during old age. If conviction counts, Abbeyfield Canada will expand.

1.5 Abbeyfield in British Columbia

INTRODUCTION

Supportive housing in British Columbia has a relatively short history. Four of the supportive houses in B.C. are Abbeyfield projects, but one was developed by Home Support Services in Surrey.

The first two Abbeyfield Homes to operate in Canada opened in British Columbia in 1987 and 1988 in Sidney and Kelowna. These homes can be thought of as pilot studies of the supportive home concept in B.C. Overall, many of the same successes and frustrations experienced in Britain and Australia were echoed in the planning and development of these two homes. Nevertheless, the flexibility of the Abbeyfield concept is clearly seen in the differences in planning, financing and design of the two B.C. homes. Both the Sidney and the Kelowna Abbeyfield houses are bachelor units with no in-suite cooking facilities, thus conforming to the U.K. Abbeyfield model even though the Canada National Abbeyfield Society had voiced some early concerns that in-suite cooking arrangements might be a necessity for Canadian residents.

The two B.C. Abbeyfield Societies have similar histories. Both started in the same year under vigorous leadership. Both developed strong constituencies and widespread participation through use of local publicity. Both operated with two key committees: a house committee concerned with physical property and its operation, and a fund-raising/publicity committee. Both acquired early options on property, thereby creating an immediate and publicly visible goal. Both the Kelowna and Sidney groups sought government funding. Kelowna applied to federal sources (CMHC), while Sidney applied to B.C. ministries. Both groups temporarily lost property options when government funding was not quickly realized. Kelowna shifted its fundraising focus to the private sector while St. Andrew's in Sidney has the support of the St. Andrew's Church. The following pages trace the developments and experiences of the two Societies in narrative form.

St. Andrew's Abbeyfield House in Sidney, B.C was formally opened in September, 1987, with nine residents. Planning began with the Housing Committee of St. Andrew's Church which provided credibility to support the effort. Credit for the St. Andrew's success belongs to numerous community members lead by Rebecca Vermeer. She formed and chaired a working committee of the St. Andrew's congregation in 1983 which was incorporated as a non-profit St. Andrew's Society somewhile later. In June, 1986 the St. Andrew's Society was reconstituted as the St. Andrew's Abbeyfield Society, one of Canada's earliest local Abbeyfield Societies.

The St. Andrew's committee made a mortgage guarantee appeal to the B.C. Ministry of Lands, Parks and Housing in 1984, but was rejected in 1985 on grounds that an supportive housing should be classed as a care home under the aegis of the Ministry of Health. After negotiation, the Ministry of Health undertook to fund (for $30,000) a housekeeper's suite in the proposed building, on the supposition that perhaps two among nine residents might be otherwise assessed as needing care at a cost of $20,000 each/year. After this undertaking, the B.C. Ministry of Housing in 1986 agreed to ensure a 35-year residential mortgage, with three provisions:

a) that St. Andrew's Abbeyfield Society raise $55,000 from other sources;
b) that the St. Andrew's project be funded and evaluated as a pilot project, not a precedent;
c) that all residents in St. Andrew's Abbeyfield be warranted by a means assessment as having low incomes.

Subsequently, the word 'all' in (c) was relaxed to stipulate that priority in admission should be given to low income residents.

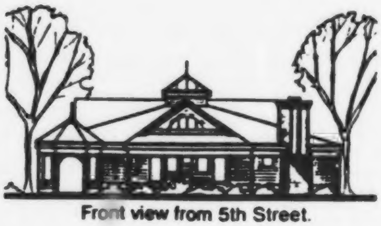
While negotiating with the provincial government, St. Andrew's located a desirable site and obtained an option on it for $17,000. Delays in coordinating government funding approvals led to expiry of the option, and the site was put on the open market and "sold". However, two sales offers for the site collapsed, and when funding approvals were obtained, the original option was finally exercised and ground-breaking occurred in January 1987. Initial public support was established by enlisting participation of opinion leaders among local and provincial representatives. Plans and sketches were drawn up by Benjamin Bryce Levinson, Architects (Figure 1.3). The Abbeyfield use of the site Abbeyfield did not contravene existing zoning. Neighbours were polled about the plans and no objections were raised.

The Abbeyfield House in Sidney is a 6000 square foot slab-on-grade construction which includes nine bed-sitting rooms averaging 300 square feet each (Purden, 1987), plus semi-private and semi-public areas. On the second floor, a guest room and a housekeeper's suite add roughly another 1,200 square feet. Situated in a multiple-unit zoning area, the street elevation (Figure 1.3) is that of a single-family 1-1/2 story dwelling. The house in plan consists of front and back hexagonal wings, with the rear bedroom wing attached by an umbilicus to the semi-public spaces -- gazebo, entry foyer, living-dining areas, and kitchen all facing the street.

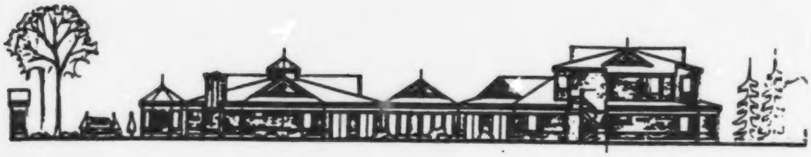
Figure 1.3

Illustrations from St. Andrew's Abbeyfield Brochure

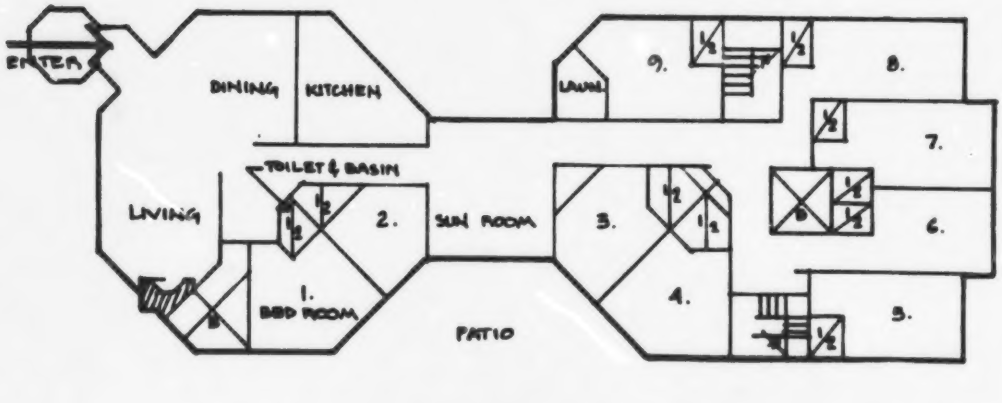
THE ABBEYFIELD HOME
10017 FIFTH ST., SIDNEY, B.C.



Front view from 5th Street.



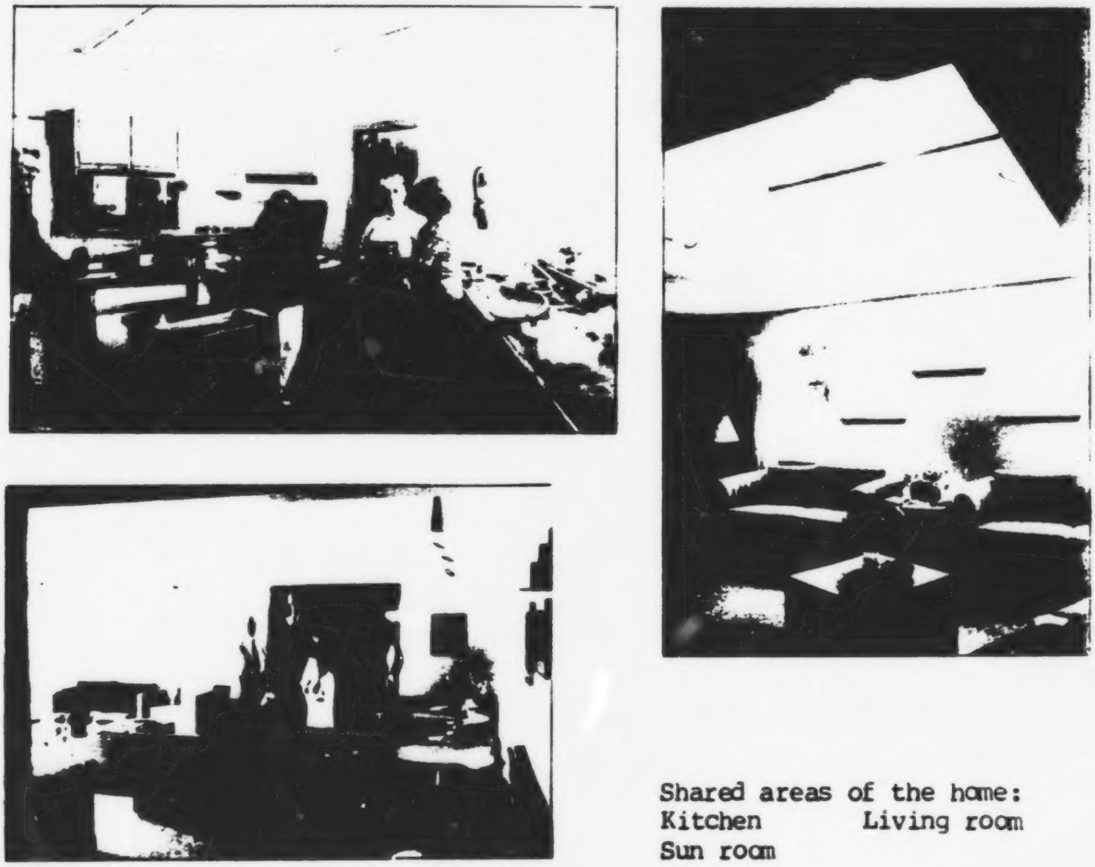
Architect's rendering for the brochure.


ENTER
DINING
KITCHEN
LAUN.
9.
1/2
8.
7.
TOILET & BASIN
LIVING
2.
SUN ROOM
3.
4.
6.
5.
1.
BED ROOM
PATIO

Plan diagram copied from the brochure.

Figure 1.4

Photographs of St. Andrew's Abbeyfield, Sidney, B.C.

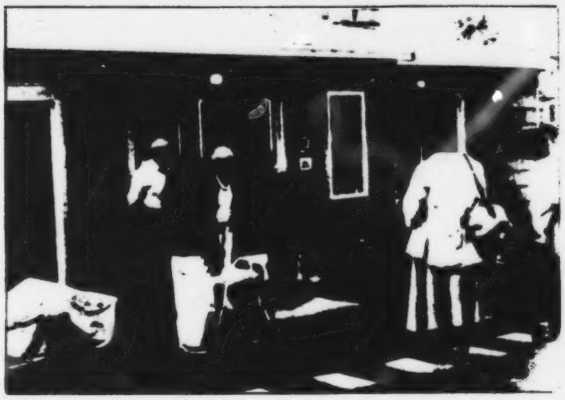


Shared areas of the home:
Kitchen Living room
Sun room

Corridor: not quite "Like an ordinary home" with the EXIT sign. alarm bell and numbers on the doors.

Figure 1.4 (Continued)

Photographs of St. Andrew's Abbeyfield, Sidney, B.C.



Private spaces in the home:

The garden patio entrance.

Private rooms arranged and furnished like "home". including a portable electric fire place.

Each bedsitting room includes a clothes closet, a closeted half-bath (basin and toilet) but no bath. Most rooms have a storage closet. A bathroom with a shower and tub large enough to accommodate mechanical transfer of wheelchair-bound persons is located in each wing. A bright and spacious kitchen is centrally located, directly accessible from one of two exterior walkways on either side of the house. They extend from front parking to rear garden and provide secondary circulation to bedrooms units. The dining "room" (actually a large alcove) receives most of its daylighting via the large front windows and from a skylight at the peak of the hexagonal gabled roof.

Hallways are generous and fully railed (Figure 1.4). Certain necessary features, such as backlit EXIT signs, red alarm bells, and unit numbers on bedroom doors, somewhat compromise the domestic atmosphere of the house. The second floor of the house contains a two-bedroom apartment for the housekeeper, a guestroom for overnight visitors and a large storage area for residents' belongings which cannot be stored in their rooms.

Construction costs totalled about $40 per square foot for more than 7,000 sq. ft. of dwelling space. Construction and land costs were covered by a $360,000 mortgage (35 years) and by over $55,000 raised by St. Andrew's Abbeyfield through contributions from the Provincial Secretary (B.C. Lotteries), the Saanich Community Fund, church fundraising, and an important private contribution.

The St. Andrew's Abbeyfield Housing Society advertised for its residents. More than thirty persons expressed initial interest. After necessary screening for mobility, health and independence, only five residents were found whose gross income was less than $13,000 and so were eligible for Supplemental Rental and Assistance. One or two would have had almost no disposable income after rent, food and services payments; so the Society reduces food and service charges to allow them a disposable income of $100/month.

Many nominees were also proposed by social agencies, based upon their understanding that Sidney Abbeyfield is classed as a personal care facility. Relatively few of those people were willing, able or qualified to stay at Abbeyfield House. On initial occupancy, the House included six women and three men.

The Abbeyfield Society in Sidney gave detailed attention to housekeeper selection. A score of respondents to a newspaper advertisement were reviewed and five of them were interviewed. The top-ranked person, Joan Belling, accepted the housekeeper position. Her job description is labelled "houseparent" to take advantage of the exception in B.C. Employment Standards Branch regulations which allow the housemothers of youth hostels to work more than seven hours a day without overtime pay. A second highly qualified person was recruited to serve as assistant houseparent for weekends, and there is a temporary backup for both houseparents. These selections are reported as highly successful (CBC, 1987).

Monthly rent charges for residents are $512 per month for mortgage repayment and interest; for taxes, for grounds maintenance, contingency funding and repairs funding. Food is budgeted at $230 month per resident; houseparent services (including meal preparation) cost $208 per person (Vermeer, 1987) for a total of about $950 per month.

The **Abbeyfield Houses Society of Kelowna** was started in late 1984 as a non-profit society of volunteers under the leadership of Lionel Wace. In July 1986, it became affiliated with Abbeyfield Houses Society of Canada (Wace, 1988). Because a majority of its Board are seniors, Kelowna Abbeyfield Society received a $1,400 start-up grant from New Horizons and a $2,300 grant from the Central Okanagan Foundation. At later dates, two Rotary Clubs, a Lions Club and two churches made additional contributions to the Society.

Early in its development, the Kelowna Abbeyfield Society purchased an option on a large residence which became an important promotional advantage for subsequent fundraising. The local press cooperated by publicizing the house as target for fundraising together with other efforts:

a) Charitable bingo games sponsored by Kelowna Abbeyfield netted upwards of $500/week for the Society.
b) The Seniors Lottery assisted with purchase of major appliances.
c) Renovations were done with the assistance of a R.R.A.P. loan which will be forgiven when the Abbeyfield House in Kelowna has been operated by the Society for low rent occupancy by seniors over five years.
d) Two mail solicitations raised $20,000.

The Kelowna Society applied for mortgage assistance to Canada Mortgage and Housing Corporation but the option expired because of prolonged negotiations. On three different occasions, the seller renewed the option to Kelowna Abbeyfield. In the end, the Kelowna Abbeyfield Board rejected the terms proposed by CMHC for mortgage insurance. The final option to buy the house was about to expire again when a private citizen took up the mortgage.

Rezoning of the location for small-group occupancy was opposed by one neighbour who circulated a petition and started a whispering campaign. After debate at City Hall, Kelowna City Council amended its zoning by-law by inclusion of a new category called R9A "Family style living for single elderly." Council's action enlarges RS-1 zoning uses to include a "Residential Group Living Home" category only when sponsored and under the full control of a registered non-profit society and housed in a single family dwelling.

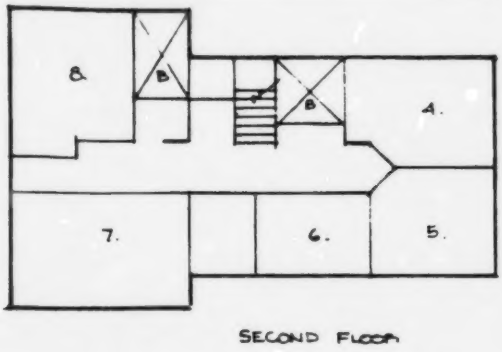
Public support of this special zoning was likely bolstered by a 1986 visit of the Prince of Wales to Kelowna. For nearly a decade, Prince Charles has been the Royal Patron of Abbeyfield.

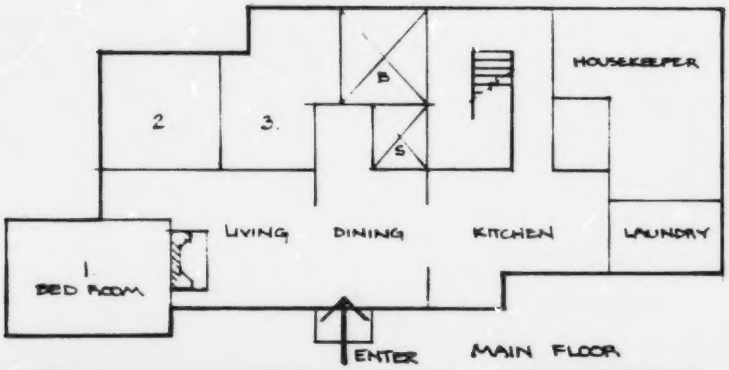
The Kelowna Abbeyfield House was purchased for $140,000; its plumbing and fire egress were upgraded for an additional $35,000. Sources of funding for the Kelowna house included a federal R.R.A.P. (Residential Rehabilitation Assistance Program) forgivable loan for upgrading the Kelowna house, a Seniors Lottery grant for purchase of major appliances, charitable fund-raising activities (solicitation, raffles, garage sales, bingo) by the Kelowna Society, and the private mortgage on the house. Many of the furnishings were also privately contributed, except for major appliances.

The Kelowna Abbeyfield House is a substantial two-story slab-on-grade Cape Cod dwelling on spacious grounds facing south. It is sited in a central part of town, well located for transportation and services. It has seven rooms and 2-1/2 bathrooms for residents, plus a self-contained separate-entry two-bedroom suite for the housekeeper. The bedsitting rooms are about half the size of those in Sidney but the grounds are larger. The two story layout has not reduced residents' mobility. Common spaces include a dining room, sitting room, and a sun lounge. The front yard includes ample shade trees and hardtop parking.

Figure 1.5

Floor Plans of Abbeyfield Kelowna


8.
B
B
4.
7.
6.
5.
SECOND FLOOR


HOUSEKEEPER
B
2
3.
S
LIVING
DINING
KITCHEN
LAUNDRY
1.
BED ROOM
ENTER
MAIN FLOOR

Plan diagrams constructed from sketches insluded in Abbeyfield Homes of Kelowna brochure.

Figure 1.6
Photographs of Abbeyfield Kelowna

The photographs provided by L. Wace show an attractively furnished family home.

Resident recruitment at Abbeyfield Kelowna roughly paralleled the experience in Sidney, B.C. (Wace, 1987). Fifteen people responded to local advertising but renovation delays caused the early registrants to move elsewhere. More recently, the Kelowna Society is asking community social service workers for references of possible residents. The Society acknowledges that the lack of private toilets in the rooms "may deter some prospective residents."

Rent at Kelowna Abbeyfield House, including meals and housekeeper services, ranges from $650 to $800/month, depending upon room size. Assuming food and housekeeper services cost at about $400 per person (as in the Sidney Abbeyfield), then 'accommodation only' ranges from $250 to $400/month.

As of August 1988, the Kelowna Abbeyfield House has been experiencing vacancy problems since its April opening. The issues of private washrooms appears to be the main factor. The Kelowna Society is addressing the resultant financial difficulties through regular BINGO games and with the assistance of the private contributor to the original mortgage. Despite the slow acceptance by potential residents, the Society is confident that the home will succeed.

Good records have been kept on everything done over the past three years. Lionel Wace plans to make these available to other Abbeyfield Societies so that they can benefit from the Kelowna experience. In particular, the Kelowna group has found that the time commitment of directors escalated as their home came closer to realization.

Victoria will have a third Abbeyfield House within the next few months. A historic mansion in Oak Bay was donated privately and is undergoing renovations in August of 1988. This house will become the second private, non-profit Abbeyfield House in British Columbia. The province will then have examples of both government subsidized and private, non-profit supportive housing operations.

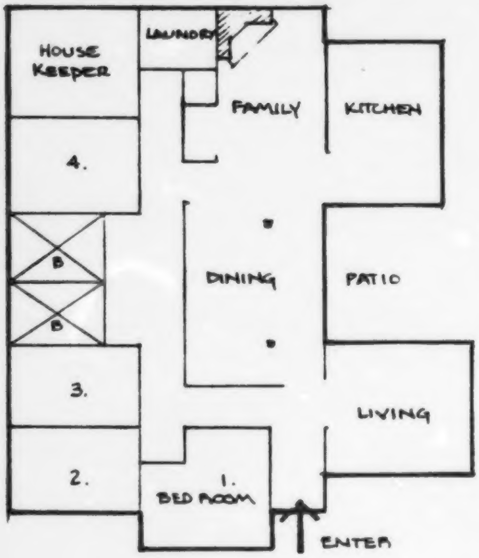
Other British Columbia organization are also pursuing the sheltered housing concept independent of the Abbeyfield Society Association. In Vancouver, many are sponsored by local churches wanting to help elders in their own community.

The Surrey-White Rock Home Support Association sponsors a non-Abbeyfield facility called "The Support Home" which has housed four older persons (and a cat) for the past three years. The home was originally planned and funded by BCHMC and the Ministry of Health (Long Term Care Division) as a home for independent living parapalegics and located in a South Surrey suburban neighbourhood. One resident is assessed at Intermediate Care Level I, two at Level II, and one at Level III (unable to bathe herself). Since its August 1985 opening, only two of its original residents have left for institutional care.

Two registered nurses alternate four- and three-day shifts as live-in housekeepers and personal care attendants. The Surrey-White Rock Home Support Association manages the house, hires the nursing staff, and recruits and monitors the residents. The housekeeper-nurses shop, prepare all meals, do laundry and manage the home, as well as assisting residents with personal care where needed. Homemaker service is also augmented by the sponsoring association. Residents assist with meal preparation, setting tables, and the dishes are often done by the oldest (96) resident. The household is run on an unrestricted basis with meals at regular times. Guests are free to come and go as appropriate to the residents' daily routines.

Figure 1.7

Floor Plans of The Support Home, Surrey, B.C.


HOUSE KEEPER
LAUNDRY
FAMILY
KITCHEN
4.
B
DINING
PATIO
B
3.
LIVING
2.
1.
BED ROOM
ENTER

Plan diagram constructed from photographs taken during Kathler visit. 1988.

Shared living areas focus on the dining room surrounded by the living room. patio. family room. and wheelchair accessible kitchen.

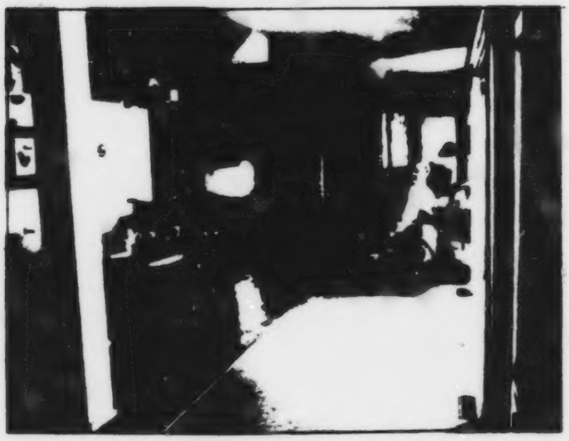
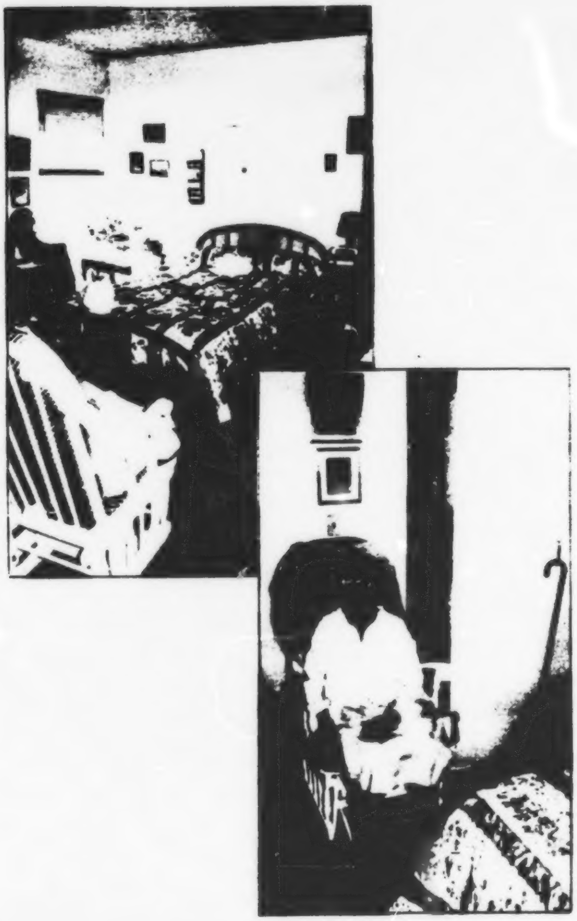
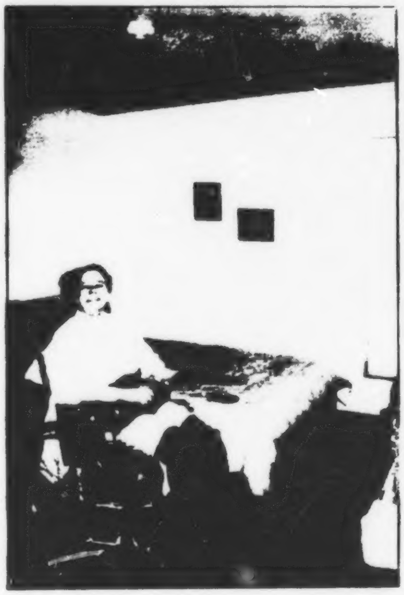


Figure 1.8

Photographs from The Support Home, Surrey, B.C.





Private spaces are relatively small:

Needs of the longest resident (3 years) are modest.

The oldest resident (92 years) has made her room very cozy and personal.

A new arrival is just settling into her room.

Monthly costs to residents include a nominal rent of $180 set by BCHMC, $150 for food and $40 for utilities. The Home Support Association receives $30 per resident per day (compared to $45-$65 per client per day in Long Term Care facilities). Residents' contributions pay against the 2 per cent CMHC mortgage and also for maintenance and administration costs. The balance of costs are borne by the Ministry of Health, Long Term Care Division.

The quality of life for Support Home residents is very high considering their small private spaces and shared bathroom facilities. Three of the current residents have moved from their family homes. All are from the Surrey area which facilitates continuing contact with friends and neighbours. While Support Home residents require higher levels of assistance than Abbeyfield or supportive housing residents, the Support Home's successes in providing higher levels of assistance within the small group living context demonstrates its viability as an alternative to institutionalized living.

The Support Home experimental project may well prove to be a collaborative prototype among the BCHMC, Ministry of Health, Long Term Care Division and community agencies once all the factors of economics, quality of life, satisfaction and health are included in its assessment.

SUMMARY

Most of what is known about supportive housing in Canada derives from the experiences in British Columbia. Four Abbeyfield projects are completed or underway, together with the non-Abbeyfield Support Home in Surrey. The only other small scale Canadian supportive housing projects known to the researchers are the financial plans for an Abbeyfield house in Toronto, and the project plans for Guelph and Port Hope (Bosley, 1988).

The British Columbia experience with supportive housing confirms several important points:

1) Supportive housing fills a demonstrable need in B. C. Most projects are occupied very shortly after completion, and where occupancy is slower, the reasons stem from design problems, not from lack of market.

2) Reluctance among the elderly to opt for supportive home alternatives probably derives more from unfamiliarity with the concept and too few examples than hesitation about its lifestyle or design features.

3) Early estimates of operating costs suggest that equivalent levels of care can be delivered in supportive home settings more economically than in currently available institutional settings.

4) The Support Home in Surrey confirms that small group homes designed with independent living in mind can change their functional details as the needs of the residents change. Flexibility can be designed-in during the planning stages.

5) B.C. projects demonstrate that joint efforts, cooperation and partnerships among agencies and governmental jurisdictions at the local, provincial and federal levels can and do succeed.

Representatives from Vancouver seniors organizations such as the West End Network, Elders Network and the City Council Special Committee on Seniors have endorsed the supportive housing idea and are exerting pressure with the City and service agencies to promote the concept.

Sections 2, 3, and 4 of Part II of this Report document various zoning, demographic and neighbourhood considerations which can powerfully affect supportive housing developments in Vancouver and elsewhere.

PART II

A CONTEXT FOR SUPPORTIVE HOUSING

PART II - A CONTEXT FOR SUPPORTIVE HOUSING

2.1. The Conditions of Aging

2.2. The Aging Population

2.3. British Columbia Programs for Senior Housing

2.4. Neighbourhood Contexts

2.5. Affordability

2.6. Summary of Issues

Part II of the Final Report reviews the circumstances of aging and conditions which argue in favour of supportive home location. The exploration includes the social, political, economic, and physical resources and climate of the place in order to resolve conflicting issues. For this pilot study, only public sources of information were consulted.

2.1 - THE CONDITIONS OF AGING

(Excerpts from a paper by DeVries, 1987)

INTRODUCTION

There is an increasingly broad literature on aging, much of which possesses a distinct psychological emphasis. This overview discusses some of the implicit and explicit expectations individuals have about aging and some recent parameters of aging in Canada. The social relations of the elderly, with particular reference to widowhood, friendships and kinships, and loneliness, are then examined. The section concludes examining some of the considerations one should make in facility or house planning for the elderly.

THE PROCESS OF AGING

Models of Aging

In an examination of the bioscience literature on aging, one finds that aging is associated with a loss of vitality and capacity for self-repair and an increased probability of mortality (Birren & Stacey, 1984).

On the other hand, Labouvie-Vief (1982) has drawn attention to cognitive deficits in later life is perhaps better characterized in terms of cognitive differences. Aging may not reflect the loss of abilities, but rather the gain of other (equally desirable) abilities.

These two models demonstrate that decline or decrement only partially represents the picture of aging; stability and growth are also key elements or factors. Our attitudes toward aging have been heavily weighed by the decline model as posited by bioscience.

It is unreasonable to assume that the quality of life is expressed in some pure temporal form. As Birren and Stacey (1984) have said, "ultimately, it is not whether our heart and bones are strong but whether we derive a sense of meaning from a long life and are competent in dealing with an environment that challenges us with its changes" (p.1).

Aging is a recognition of both the decremental changes and the life span of changes that occur in mature genetically representative organisms living under representative environmental conditions" (p.4).

The basic premise seems to be that nothing much of psychological significance takes place during the adult years. The implication is that there is an early stage of high malleability followed by a stage of relative stability (Glenn, 1980). There are growing numbers of people who reject this view and have made substantial contributions to the area of adult development. The difference between a 50-year-old person and a 30-year-old person or (the perhaps greater) difference between a 30-year-old and a 10-year-old is well-recognized; the same 20-year difference, however, between those who are 80 and those who are 60 is almost always overlooked. Certainly, "old" is more than a state of mind, but Blau (1956) said that "retirement is a social pattern which implies an individual judgement on the part of others in the society about the lack of fitness of old people ... Thus, the retired individual is socially defined as old" (p.200).

Most written materials about aging, particularly in popular publications, fall into one of two categories. The first category deals with the problems associated with aging such as illness, victimization, poverty, under/over-housing, or more generally the negative side of growing older. The second category typically describes the 75-year-old marathon runner, the 80-year-old university graduate, or more generally a positive portrayal of aging. Whereas the former emphasizes the hazards of aging and the latter emphasizes the exceptional seniors, both can be potentially harmful to the "average" senior citizen who either sees the negative side of things to come, or the loss of self-esteem in the comparison of his or her present status with that of exceptional exemplars. As Connidis (1987) says, "the type of attention paid to the subject of aging often tells more about our view of aging than it does about old age" (p.451).

The multi-faceted nature of aging and the heterogeneity or diversity of seniors as a group should be underlined. There is some physiological deterioration associated with aging just as there are some exceptional seniors. Aging comprises both of these and much more. Connidis (1987) sought to expand upon this list by questioning independent (i.e., non-institutionalized) seniors (aged 65 or over) on their needs, likes, dislikes, and any worries about further aging: a "view from the top". Of the 400 respondents, 12 percent had used community services at some time in the past, and 7 percent were using some form of community services at the time of the interview. These services included public health nurses, meals-on-wheels, home-maker services, and library services. Connidis (1987) suggests, then, that the majority of older Canadians are able to function without the aid of community services. When asked about their need for additional services, respondents focused on the salience of basic support services, highlighting the importance of providing support for routine needs such as household chores, grocery shopping, and medical care.

The dislikes of older age included physical effects like limits on activity, poor health and physical restrictions, concerns about widowhood, and dependency, shorter remaining time and treatment by others. Worries about older age also included health and dependency, but more specifically institutionalization and giving up one's home. Financial worries and concerns about the health and well-being of one's spouse and fear of the loss of a spouse or being alone, and even one's own death were frequently mentioned.

In summary, however, the largest proportion of older adults in the Connidis study liked aspects of being their age, but tempered this with an awareness of some of the negative aspects of older age. "In short, older people tend to combine a positive view of their stage of life with a realistic grasp of its detriments" (Connidis, 1987, p.468). This is a view that runs parallel to the emerging perspective in the social sciences.

Recent Parameters of Aging in Canada

Currently, those over 65 years of age account for 10.3 percent of Canadians. By the 2000, this should rise to 13.5 percent; by the year 2006, this figure is predicted to be 14.2 percent, and by 2031, almost 24 percent of the Canadian population will become most evident in the growth of those over 75 and 85 years of age (i.e., the bracket of the highest utilizers of health services). This is an important point given that the institutionalization of the elderly in Canada is high compared to any other jurisdiction in the world, with the exception of the Netherlands (Marshall, 1987). Large (1981) has reported that 8 percent of the Canadian population 65 years of age and older is institutionalized at any one time, and this rises to 39 percent of those over age 85. Children are not always available or, if available, not always willing or able to provide a home for an aged parent. It is interesting to note that people in their eighties and nineties often have children who themselves are in or about to enter "the later years" (Marshall, 1987).

Several community studies have been reported that examine health status as a function of age. For the most part, the major dependent measures have been responses with respect to the partial or total assistance required with the following five Activities of Daily Living (ADL) items: rising and going to bed, daily personal hygiene, walking around inside the house, bathing, and shopping in summer. Results from investigations across the country (i.e., British Columbia, Manitoba, Ontario, and Quebec--see Marshall, 1987) are surprisingly consistent: the proportion reporting a need for some assistance with at least one of these activities ranged from 5 to 16 percent for those aged 65 to 69, but rose to 33 to 35 percent for those aged 75 and over.

As Marshall states, if it is a male who reports those needs for assistance, the chances are reasonably good that the assistance is being provided by a spouse. If it is a female who reports this need for assistance, the chances are that there is no husband alive to provide it, and she must look elsewhere of help. When questioned about any physical condition, illness or health problem that is "presently bothersome", the proportion of males replying that there was rose from 38 percent of men in their forties to 64 percent of men over age 80. For females, the corresponding percentages were 44 and 85, respectively (Marshall, 1987).

Several American studies have reported that 70 to 80 percent of the assistance received by the elderly does not come from the formal service sector: it comes from family, friends, and neighbours (e.g., Maddox, 1979). We are presently experiencing, however, the beginning of two generations in retirement, a situation where "families will have a fragile structure in terms of ability to provide support" (Marshall, 1987, p.478). It is also the case that almost 20 percent of people over age 65 have no children alive. Furthermore, half of the respondents agreed with the statement, "It usually doesn't work out too well for older people to live their children and grandchildren".

Nevertheless, the family is currently the provider of much support to older members. As Rosenthal (1987) suggests, it is unlikely that the family représents an untapped resource whose exploitation could relieve governments of the costs of service provision. Furthermore, while families do provide care, there are limitations on their ability to do so. Some limitations have to do with family structure (no spouse or no children or aging children); some limitations stem from broader social change (middle-aged women in the paid labour force with reduced ability to provide care to older family members). It may also be the case that social policy that promotes family care may serve to make older individuals dependent on their children, a situation that most older people themselves wish to avoid.

SOCIAL RELATIONS

George (1980) suggested that because the role of spouse is usually such a pervasive aspect of identity, there is likely to be at least short term stress while the widowed individual negotiates new roles and social statuses.

As McCall and Simmons (1966) claimed, "the two individuals are not merely disjointed individuals but constitute a unit, a collective unit of which they are members. Married couples are invited to events not as persons but as couples" (p.176). The dissolution of this unit by the death of a partner entails more than an alteration of behavior.

This position is sensitive to change as a function of individual life circumstances that men have more difficulty adjusting to widowhood than do women and encounter greater social isolation because of it. With widowhood being more unusual for men, a "society of widowers" (as a support group or for role models) is more difficult to achieve.

Since friends tend to be of the same sex and in a similar age group, a change in marital status that places an individual in a deviant position among his age and sex peers and differentiates his interests and experiences from theirs is likely to have an adverse effect. When, on the other hand, widowhood becomes prevalent among others similarly located in the social structure, it is the individual who is married who occupies a deviant position and who, therefore, often sees less of his old friends. (Blau, 1961, p.438)

Thus, widowhood in later life presents a special challenge for the remaining spouse (and especially husbands). Not only must the surviving individual regain a more separate, autonomous sense of self, but this struggle is often without the social support systems (for the re-learning of role-appropriate behaviors and initiation of friendship) that are intact and available for younger groups.

Friendship and Kinship

There is a developing body of literature of the friendships and the social sphere of older adults, which is appropriate given "the great promise ... held for the importance of friends in old age" (Mancini, 1980, p.417). Several researchers (e.g., Adams, 1971; Butler & Lewis, 1977) have alluded to the linkage between morale, life satisfaction and enjoyment in the later years of life, on the one hand, and interaction and maintenance of relationships with friends and intimates on the other. Friendship is said to be an integral factor in the adjustment processes of older adults (Butler & Lewis, 1977); an older adult is supposedly better equipped to cope with the role of becoming "old" when interaction with friends and intimates is possible; friendship relations maintain role continuity (Blau, 1973).

The friendships and interaction patterns of the elderly have some qualities unique to this period of life that warrant further discussion. After the family- and work-oriented period of mid-life, there is often an increase in the amount of contact with friends in the "young-old" stage of later life (see, e.g., Brown, 1981; Lowenthal, Thurnher, & Chiriboga, 1975). Apparently, however, social networks, friendships, and frequency of interactions, all decline with age, as older individuals find themselves less able to maintain social contacts as a consequence of increased physical disabilities and decreased mobility (Riley & Foner, 1968). The friends are vulnerable to infirmity or death, and may be unable to provide assistance or support. Furthermore, Philbad and Adams (1972) suggest that friendships are not independent of marital status, as was discussed above in the context of widowhood.

The role of friend versus family in the life of an elderly person is an issue associated with a certain amount of controversy. Blau (1973), for example, holds that an older person with a single good friend is better able to cope with old age than one with a dozen grandchildren but no peer-group friends. An alternative to this point of view is that of Riley and Foner (1968) who feel that although friends play an important role, they are generally less important to the old elderly than are children and other family. They suggest that friends serve as more of a complement than a substitute for kinship associations. More recently, Wood and Robertson (1978) have demonstrated that involvement with both family and friends account for significant proportions of variance on the measures of life satisfaction as completed by elderly participants. The contributions of friends, however, was significantly greater than that of grandchildren and other family representatives. In a review of the literature, Adams (1971) concluded that there is a positive relationship between social contacts and satisfaction and, of all the types of social relations and activities, friendship association appears most highly and consistently related to satisfaction.

As suggested by Wood and Robertson (1978) and Rosow (1970), perhaps the difference between family and friends is really the difference between obligation and choice. That is, the obligatory nature of the parent-offspring relationship may detract from the quality as the generations become estranged. In a different light, friends and family may serve differing functions. That is, friends may be the primary suppliers of comfort, support and assistance to an ailing individual, but family (adult children and, to a lesser extent, other relatives), and not friends, are the potential sources of financial aid. (See Table 3 and 4 for a general summary of the urban/rural distribution and living arrangements of the elderly population in British Columbia.)

Loneliness

Roughly twenty-five percent of respondents in representatives samples of the United States population report that they have recently felt lonely or remote from others (Perlman, in press). Self-reports of loneliness appear to be highest among adolescents and decrease with age. While it is true that the amount of social contact declines with age (e.g., Riley & Foner, 1968), it may also be the case that the desired level of contact drops as rapidly as the actual level of contact. This congruence may preclude loneliness. It has also been reported (e.g., Revenson & Johnson, 1984) that seniors rated the quality of their relationships as higher than did younger people, a factor once again associated with lower levels of loneliness. A possible exception to this pattern of decline, however, is some evidence that among the very old (those over 80 years of age), loneliness is very common (Perlman, in press).

Several correlates of loneliness among the elderly have been presented in the literature. For example, studies have generally found an association between poor health and greater loneliness (e.g., Kivett, 1979), perhaps mediated by restricted mobility. Available research also suggests that limited access to transportation is related to loneliness (Perlman, Gerson, & Spinner, 1978), although the evidence on the association between income and loneliness is inconclusive (Perlman, in press). Shulz (1976) has provided an experimental demonstration of the importance of control. Seniors who could decide on the parameters of these contacts reported themselves as lower in loneliness and higher in hope and happiness. It has also been found that adults who live alone are generally more lonely than those who live with other (see, for example, Revenson & Johnson, 1984), although this is not exclusively true among seniors (Gubrium, 1975).

In summary, while it is true that not all seniors are lonely (and are probably less lonely than younger individuals), loneliness in old age is associated with poor health, difficulties getting transportation, a lack of perceived control and living alone. All of these may be age-related "causes" of loneliness, but all of these are also associated with loneliness at other stages of the life cycles. Furthermore, the direction of causality has yet to be unequivocally established.

CONCLUSIONS

Perhaps the bottom line of the foregoing discussion has to be the diversity and heterogeneity of the elderly as a group of individuals, biological, social, and psychological decrements and increments apply across the adult life span. Models and theories of aging must take these into account; so too must housing and facility planning for the elderly. As Champagne and Brink (1985) have suggested, in the Building Practice Note: **Designing Homes for the Aged**, a dynamic and flexible model is required because the residents in a home for the aged are not previously selected. Furthermore, the physical changes associated with aging place demands on a building that are not typically taken into account during construction as vacated spaces are filled by new residents.

In the past, since senior residents required a variety of health and care services, it was thought to be more efficient to concentrate elderly individuals in special accommodation, where such services could be centralized (Champagne & Brink, 1985). These facilities therefore, tended to have more of an institutional, rather than a residential orientation. "The fact that seniors lived there was secondary to the fact that they needed to be cared for" (Champagne & Brink, 1985, p.7). Such a view has recently been re-evaluated in conjunction with the "push" to keep elderly residents in the community. The loss of autonomy and participation in the community is gradual when individuals continue to live in their own homes; an abrupt move to a facility is a fairly radical shock combined with the trauma of relinquishing one's home.

The prevailing philosophy now is to give the elderly a sense of dignity, respect and independence within the constraints of the new environment, but also to offer them extras in the institution that they did not have in their own homes: company, chances for recreation and activities that do not strain their capabilities, freedom from practical worries, and readily available medical help. The goal was to provide an amalgam of the best of the two environments. (Champagne & Brink, 1985, p.9)

Champagne and Brink delineate some of the factors to be considered in planning a dynamic and functional dwelling for seniors. Location, for example, is one such factor emphasizing involvement and integration. This means avoiding rural and often isolated settings, as well as inner city locations where fear of victimization may be an issue. It should also be a physically barrier-free environment. The setting should be one where integration will result in institutional support by the community and participation in the community by the institution. Similar attention should be paid to issues of continuity, maintaining individuals in the same community and retaining social ties (from a variety of contexts).

The best planning approach would also include a variety of housing opportunities and living options from home services to extended care institutions. The emphasis is on flexibility, choice, and the level of independence desired by the individual. Even within opportunities, provisions should be made to allow for any number of levels of preferred interaction. Multiple uses may be made of single rooms, with invited community input.

Self-reliance and autonomy, both physical and psychological, may be encouraged by sensitive design. (Recall that abilities that are not used may be rapidly lost.) Residents should play an integral role in the democratic decision-making processes that affect their lives and their dwelling. Daily programs should be flexible enough to allow residents to supplement and/or complement their preferred routines, not supplant them.

The preceding sections of this report have presented a diverse selection of attributes of aging and the elderly, ranging from psychophysiological and cognitive changes to the impact of social status on the condition of elderly individuals. Housing implications of these classes of variables were also discussed. In summary, it is recommended that in the future the planning of housing (and especially congregate housing) should be attentive to issues such as marital status (as a function of gender), friendship and kinship relations (and the roles they may play), living arrangements and the potential for loneliness, control over daily activities, autonomy tempered with involvement and integration in the community, and the process of moving to a new dwelling, especially in terms of neighbourhood identity continuity.

2.2 - THE AGING POPULATION AMONG CANADIANS AND BRITISH COLUMBIANS

INTRODUCTION

Older Canadian have generated considerable attention in recent years because their numbers have increased rapidly and because of a dramatic increase in the average life expectancy of Canada's population. How best to accommodate these new numbers of seniors given current projections? With increasing age, the need for alternatives to aging-in-place in houses, apartments or other independent dwelling units becomes more urgent. Two alternatives are care facilities or shared housing. Shared housing forms include: living with others, granny flats, ECHO housing, home-sharing or forms of supported group housing such as sheltered or congregate. Since shared housing types are likely to be less costly than care facilities, attention to shared alternatives appears warranted to address a growing older population. However, high mobility of the working-age population, coupled with its increasingly "single" status suggest that in future the alternatives of living with or near kinfolk in granny flats, ECHO housing or accessory housing may be less feasible than certain other "shared" alternatives.

The number of senior citizens is expected to double in the fifteen years between 2006 and 2021 to 6 million, rising to 7.5 million by 2031. Thus in the next 45 years, the older population is expected to triple in size, averaging a 2.5% annual increase.

Table 2.1
Age Distributions in Canada

Age Group	Vancouver City (431,000) =100%)	British Columbia (2,883,000) =100%)	Canada (25,309,000) =100%)
0 - 14	14.0	20.5	21.3
15 - 24	15.4	15.2	16.5
25 - 44	35.0	32.5	32.3
45 - 64	20.5	19.7	19.3
65+	15.0	12.1	10.7

(Source: Statistics Canada, 1987)

The 1986 census reported about 64,600 persons aged 65 or over in Vancouver, out of total population of 431,000 in the city. This is about half again as large as the proportion of this age group in the context of the Canadian population as a whole. In considerable part, the relative size of the over-65 group in

Vancouver reflects a continuing trend of net in-migration among this age group from other provinces. During the 1976-1981 census period, British Columbia benefited from a net in-migration of 7.3% among older migrants among the provinces; most of the net 8330 aged inmigrants settled in Vancouver and Victoria (Northcott, 1988, Table 3.5, Figure 3.2; Gutman et.al. 1986, p. 36). Having a relative large proportion of elderly means that British Columbia has the highest median age among Canadian provinces (Statistics Canada, The Daily, Ottawa: 9 July 1987, p.5). By the year 2001, the proportion of the elderly in British Columbia is expected to rise by another fifty percent, again mainly in its two largest cities (Gutman et.al., 1986, p.4). The ratio of females to males in the general aging (65+) population is also expected to rise with increased longevity, especially among those 80 years and older (Department of Health and Welfare, 1983, p.21).

Table 2.2.

Household Living Arrangements of the People 65 and Over in Vancouver City and Metropolitan Area in 1986

	Vancouver City		Metropolitan Area	
	Number	Per cent	Number	Per cent
Heading their own household	30,610	53	89,030	58
Living alone	21,000	35	46,645	30
Living with nonrelatives	1,585	3	3,465	2
Living with relatives	5,750	10	13,275	9
TOTALS	58,980	100%	152,415	100%

(Source: Statistics Canada, 1987, Tables 1 and 2)

Table 2.2 shows that more than a third of the elderly in Vancouver city live alone, which is a considerably higher proportion than in Canada as a whole and ten percent live with relatives. These proportions can be expected to rise with population aging in the next dozen years. These trends predict a larger aged population, and one composed of more aged widowed female survivors. About one in five of those now over age 75 live in a special care institution or nursing home (Priest, 1985; "Census of Population", 1986).

Table 2.3
Median Income Figures for Individual Seniors in 1981

Location	Estimated Incomes
Canada	$ 9,100
British Columbia	10,200
Vancouver CMA	10,600
West Vancouver	16,800
Victoria	9,700
Oak Bay	15,600

(Sources: Fact book on aging in Canada, 1983; Statistics Canada, 1983)

Table 2.3 suggests that the median income of the unattached single elderly is below the $15,000 "ceiling" of annual income for urban residents. On the other hand, portions of Vancouver and Victoria's CMAs have elderly inhabitants with median income above that ceiling. In most instances, these individuals would not qualify for rental subsidies.

Table 2.4
Family Status of Seniors in Vancouver CMA in 1986
(Values in ,000's)

	Total	Male	Female	Ratio F/M
TOTAL VANCOUVER CMA POPULATION	1,381	668	703	1.04
Age 65+ total	167	68	98	1.44
Ratio, age 65+/TOTAL	12%	10%	14%	
a) 65-69	54	24	30	1.25
b) 70-74	46	20	26	1.33
c) 75+	66	25	42	1.69
Ratio, (c)/totl 65+	40%	37%	43%	
Total age 65+ married	89	50	38	.76
a) In private households	84	48	36	.75
b) Not in private households	5	2	2	1.00
Ratio b)/totl married	6%	4%	6%	
Total age 65+ unmarried	77	18	60	3.33
a) In private households	63	15	49	3.27
b) Not in private households	14	3	11	3.67
Ratio b)/totl unmarried	18%	17%	18%	
Ratio, Unmarried/total 65 and up	46%	26%	61%	

(Source: Statistics Canada 1987)

Table 2.4 shows that the sex ratio in the total Vancouver CMA population is about 1.0, but rises to 1.4 among those aged 65+ and is still higher among those aged 75+. The ratio is less than 1.0 among older married men and women however, because a considerable portion of spouses of elderly married men are under 65 (and thus do not count as elderly) while only a minority (39%) of elderly women are still married. Correspondingly, in the unmarried Vancouver elderly population, women outnumber men by three to one. Among both sexes, the proportion not living in private households differs importantly between married and unmarried elderly, by more than 3 to 1. However, unmarried elderly females outnumber unmarried old men by 3 to 1 and constitute more than a third of the entire population of elderly. Thus, the unmarried female subgroup accounts for three out of every five elderly persons in non-household facilities.

DISCUSSION

Fifteen percent of the Vancouver City population is now over age 65; just about half of all seniors in British Columbia reside in the Vancouver Consolidated Metropolitan Area (VCMA). In 1981, certain communities in the VCMA included relatively high proportions of seniors: White Rock - 35%; New Westminster -18%; West Vancouver - 15%; and Vancouver - 15% (Gutman, 1986). Two decades from now in Vancouver, today's elderly will be either dead or very old aged; yet those who have died will be more than replaced by the 20% of the population who are now in the 45-64 year cohort. The 75+ cohort may triple in size (Stone and Fletcher, 1986, Sec. 1.1). Given the number of homeowners in their fifties and early sixties, the elderly could occupy one in three Vancouver single-family houses by the year 2001 (McAfee and Donengani, 1985)

Because women live longer than men and often marry older men means that a majority of old women are without a spouse during their old age and live alone, or with relatives or non-relatives. Which of these options will be selected depends on several things: whether the elderly person has the capital and income resources to live alone, whether she has children or friends with whom she is willing to co-reside, whether her independence is reduced by disability or ill-health, and whether acceptable alternative non-household elderly living options are available.

SUMMARY

A review of 1986 population statistic indicates continued growth and longevity in Canada's aging population, especially among women, and especially in Vancouver. More than a third of the old live alone and thus at risk to injury, robbery, or fire. About a fifth of the female population over age 75 have committed themselves to institutions. These persons are not necessarily poor, but given their risk exposures they feel that they have few options other than entry into a Long Term Care Program either on an institutional or in-home basis. Both choices are partly bureaucratic; they do not enhance interpersonal support relationships. Small scale supportive households offer a non-institutional choice to those no longer able to age in place.

2.3 - BRITISH COLUMBIA PROGRAMS FOR SENIORS HOUSING

The chapters in Part I on Abbeyfield in certain Commonwealth countries and congregate housing in the U.S. have highlighted the role of government and community based programs and services in the development of supportive housing.

Wide variations in the utilization of government programs and services were noted among the examples in the USA, UK, Australia and Canada. In British Columbia, for example, the Kelowna Abbeyfield Society did not access government funding for capital or operating costs. However, the Sidney Abbeyfield House is a government-assisted project. Both projects are solidly based in community and voluntary networks and residents utilize a wide array of support and services.

This chapter reviews housing-related programs available to aid in developing supportive housing in British Columbia. A review of the various government-funded and administered programs and services which are potentially available to supportive housing centre on three areas: income support, housing, support services. Sufficient incomes, financial assistance for capital costs and operation of housing projects, and social services are the main factors determining the viability of supportive housing and the evolution of small supportive homes in B.C.

In reviewing these program areas, only the issues specifically related to supportive housing as defined by this study will be presented and discussed. A final section summarizes some conclusions about developing small-scale supportive housing in the Vancouver area.

INCOME SUPPORT PROGRAMS

Income support through the Old Age Security (OAS), Old Age Pension (OAP) and Canada Pension (CCP) is available to most older Canadians, even though these financial support programs are not always directly related to housing. Entitlement to these federal programs varies, but in general is based on criteria of residency and income limitations. Guaranteed monthly income levels are ensured through the Federal Guaranteed Income Supplement for those receiving OAS.

British Columbian seniors receiving federal income assistance whose income remains limited may be eligible for an additional provincial government supplement Guaranteed Available Income for Need or G.A.I.N. In 1987, the maximum income obtainable in B.C. from these sources was approximately $850 per month.

HOUSING SUBSIDIES

A variety of housing programs to assist seniors with their shelter needs have developed through federal and provincial housing policy and initiatives (Government of Canada 1985, Brink 1984, Goldblatt 1986). The Cosh Report (BCHMC 1986) outlines and discusses the many programs of the present social housing system (see Appendix B). As seen in Table 2.5, both supply side (construction and management of units) and demand side (financial assistance for individuals to access housing) are available, although funding and administration varies among government departments.

Table 2.5

Components of the Social Housing Program

EXHIBIT VI-3 SUMMARY - B.C. PROVINCIAL SOCIAL HOUSING PROGRAMS

PROGRAM ELEMENTS	Shelter Aid for Elderly Residents	Provincial Rental Assistance Program	High Impact Grants
STATUS	Active.	Active.	Discontinued; final payments in next two years.
OBJECTIVES	To provide seniors in need with assistance in the payment of rent.	To provide rental assistance to seniors and disabled living in units constructed with NHA Section 56.1 assistance.	To assist non-profit societies or cooperatives to meet operating costs.
DESCRIPTION	The program provides a monthly cash payment of equal to 75% of the amount by which actual rent exceeds 30% of monthly income, up to an established ceiling.	Provides assistance to cover any operating deficits associated with units built for senior citizens and the disabled with NHA 56.1 assistance and provincial capital grants.	Provides grants towards operating costs during first seven-eight years of operation.
TARGETTING/ ELIGIBILITY	Senior citizens receiving OAS and paying more than 30% of gross income in rent.	Senior citizens; disabled.	Cooperatives receiving CMHC loans under NHA 34.18. Non-profit societies receiving CMHC loans under NHA 15.1.
ADMINISTRATION	Human Resources	BCHMC	BCHMC
FEDERAL/ PROVINCIAL COST SHARE	100% Provincial	100% Provincial	100% Provincial

(Source: B.C.H.M.C., 1986, p.61)

In brief, the solely federal programs listed above are administered by CMHC (the Canada Mortgage and Housing Corporation), while the federal-provincial programs are jointly funded and administered by the British Columbia Housing Management Commission (BCHMC). Solely provincial programs are both funded and managed by BCHMC, the Ministry of Health and the Ministry of Social Services & Housing.

The details, outputs and expenditures of the social housing system can be found in other sources (BCHMC 1986, Cogent and Darke 1983). Municipal governments in B.C. have also participated in supply-side programs such as the non-profit housing program through municipal non-profit housing - Greater Vancouver Housing Corporation or City of Vancouver Public Housing Corporation. Private non-profit societies and cooperatives have also benefitted from city initiatives which lease or write-down costs of city-owned land for housing projects. (City of Vancouver, 1983)

Not all the programs in Table 2.5 are currently operating in British Columbia. Programs for supportive housing under capital cost and operating subsidy programs are active (Section 56.1, and Sections 40 and 44) as are the Rent Supplement programs (Section 44.1 (a) and (b)). Appendix B documents both the active and inactive programs.

Several of these programs have potential applicability to supportive housing. Financial assistance under the **Cooperative Housing Program** (Section 40) could be utilized to develop supportive housing. However, the basic characteristics of small-scale supportive housing are not wholly compatible with the program. Few units, little potential for increased house revenues, and the requirement of funding for the support staff members are constraints. Also, supportive housing differs in its basic premise: one large household rather than a collective of independent units. While there is some merit in exploring use of the cooperative program in conjunction with other funding sources for operations, other housing programs appear to be more amenable.

One such program is the Special Purpose Housing Program (Section 44). Non-profit groups utilize this program to construct and manage affordable units for persons needing rather specialized care. Depending upon the type of project, several ministries may work together providing backing and financial support for operations and management and special services. Vancouver has several examples of this type of housing for "hard to house" residents developed under the zoning category of Special Needs Residential Facility (SNERF), (City of Vancouver, 1983).

Of the housing programs in Table 2.5, the new Section 56.1 **Non-Profit** program appears to have the greatest potential for supportive housing. (See Appendix B). The Sidney Abbeyfield House was built under this program.

The 1986 revised non-profit program is a "proposal call system" which provides funding to non-profit groups to build social housing. The program consists of a 100% mortgage subsidy for persons in targeted groups such as seniors with "core need". Those with core need are defined as those who spend more than 30% of income on rent. The cost of this funding is split 67% federal, 33% provincial. Each year the individual provinces apply for total amounts available for these subsidies from CMHC. The annual number of units per province is a joint federal-provincial decision. Calls for housing proposals are subsequently tendered in targeted areas of British Columbia where there is "greatest need" as determined by BCHMC using factors heavily weighted by the regional vacancy rates for such tenants. BCHMC criteria for selection of funded projects include:

- within cost guidelines;
- good location;
- established need for a particular type of housing in that area such as family, senior, or singles (Jensen 1987, Johanson 1987).

Funded projects must be built within the detailed CMHC cost specifications (Maximum Unit Prices or MUPs) and NHA building code guidelines, whether the projects are new or renovated units, involve pre-owned or option to lease, and are developed by the group itself or as a "full turn key" project (using a developer or resource group). The non-profit groups sign an operating agreement obliging them to build and operate the housing project according to BCHMC guidelines received upon funding (Appendix B). Under this one year renewable agreement, the mortgage subsidy lasts up to 35 years and the land lease for 60 years.

Other federal-provincial cost-shared housing programs pertinent to sheltered housing are **Rent Supplement** (Section 44.1.a and b) delivered by BCHMC. Rent Supplements provide housing units leased by BCHMC in private sector rental, cooperative or non-profit.

Under the Rental Assistance Program (Table 2.6), annual shelter operating budgets and estimated income based on existing tenants are submitted to BCHMC. The difference between actual operating costs per unit and the rent ceiling of 30% of tenants income, receive subsidies.

The provincially-funded Shelter Aid for Elderly Renters (SAFER) program also has potential applicability to Supportive Housing. This rent subsidy is available to seniors who pay more than 30% of their income on rent. However, the current formula has remained unchanged since its 1977 inception: 75% of rent which exceeds 30% of income is paid through SAFER to a maximum of $330.00 (single) or $365.00 (couple). While the program's concept is valid, the subsidy is not tied to market rents and thus suffers from unrealistic rent ceilings. Further, the formula is insensitive to varying rental markets (BCHMC-Cosh Report 1986, p. 24).

Table 2.6
Provincial Social Housing Programs

FUNDER/ TYPE OF PROGRAM	SUPPLY-SIDE PROGRAMS		DEMAND-SIDE PROGRAMS
	Capital Cost and/or Operating Subsidies	Rent Supplements	Shelter Allowances
SOLELY FEDERAL	NHA Sec. 56.1 Cooperative and Non-Profit Housing Assistance NHA Sec. 34.1 Residential Rehabilitation Assistance Program NHA Sec. 15.1 Non-Profit Housing Assistance NHA Sec. 34.18 Cooperative Housing Assistance New Cooperative Housing Program Rural and Native Urban Native Emergency Repair		
FEDERAL/ PROVINCIAL	NHA Sec. 40 Federal/Provincial Partnership NHA Sec. 43/44 Public Housing Human Resources Facilities New 56.1 Non-profit Housing Assistance	NHA Sec. 44(1)(a) - private landlords NHA Sec. 44(1)(b) - co-ops (34.18) - Non-profits (15.1).	GAIN -- shelter component
SOLELY PROVINCIAL	High impact Grants Seniors Grants Disabled Grants	PRAP	SAFER GAIN Senior Supplement -- shelter component

(Source: B.C.H.M.C., 1986, p.66)

SUPPORT SERVICES

While support services are mainly government-funded through the federal-provincial cost-shared Canada Assistance Plan or through grants from provincial and local governments, delivery of services is mainly at the community level through non-profit societies and voluntary groups. Major charity societies such as the United Way also provide a great deal of organization and support for these services.

There are two main provincial government-sponsored support services programs. The **Home Support Program** provides non-medical services and care to increase the independence of seniors with health-related problems. Typical services include housekeeping, shopping, cooking, and cleaning. **Home Care Services** also provide home nursing and physiotherapy treatment. Income level, health and need assessment by the provincial long term care nurses determine what type of home support services, and hours per week provided at what cost to the client.

The provincial government also sponsors programs to train and coordinate seniors as volunteers to other seniors: **Senior Citizen Counsellor** Program; Peer Counselling Program. These programs are well-recognized for their positive effects on both the senior volunteers and those seniors they assist.

Other services are generated by needs recognized within a community. Meals-on-wheels, handy-dart transportation, phone-check, home visitors, medical equipment rentals, information and nutrition telephone service, seniors drop-in centres, blood pressure clinics and income tax clinics are some of the services generated by the communities within the City of Vancouver which translate into quality of life improvements for older persons. There are also drop-in, leisure and recreational activities available through school boards, municipal parks and recreation departments, service club and legion organizations, and local churches. The 1986 Information Services Vancouver **Directory of Services** lists many of the government and private agencies providing such services. Local community and seniors recreation centres, seniors networks and churches are also sources of information on locally-sponsored and provided support services.

SUMMARY

These British Columbia programs form the immediate context within which supportive housing can be developed. While income and support services are important and necessary components of successful housing policy and programs, housing subsidies are of primary concern. Several issues arise from current housing policy and programs and have an impact on how government-assisted Abbeyfield-type housing can develop.

First, the revised non-profit programs present issues for supportive housing development. Start-up funds to assist non-profit societies in developing their proposals, hire services, or to obtain land are no longer available as part of the government assistance for social housing. Also, under the proposal call system, there is a short time frame after a call for proposals is made in which to package land, a design and cost figures. Thus only the groups which have tremendous resources, who own land, or who have already developed proposals will be able to apply for the available funding. Therefore, non-profit groups, unless well-experienced in sponsoring social housing, will need the services of consultants or resource groups meeting the demands of proposal call system. Knowledge of the development game and of the intricacies of the new non-profit program improve the likelihood that the proposed units will be built.

It is unclear how much control BCMHC exerts over non-profit agencies in the new operating agreements. There appears to be no recourse if unilateral action is taken by the provincial government. For example, the principles and basis for Abbeyfield residency - loneliness rather than low-income - are not feasible tenancy criteria if BCHMC holds to its stated policy of subsidizing "core need" tenants only.

Although provincial government funding was made available to the Sidney Abbeyfield House and the Surrey Support Home as pilot projects, there has been no clear indication that the current provincial government has a commitment to supporting new alternatives such as the Abbeyfield model. In 1986, the social housing review by the government found that social housing policies "do not encourage innovative, alternative housing approaches, especially for the elderly and disabled" (BCMHC 1986, Cosh Report, p.24). During a one-year moratorium on further Abbeyfield-type housing, the Victoria, B.C. Abbeyfield society was unable to apply in 1987 for funding for a second Abbeyfield House in the Greater Victoria area.

As of August 1988, it appears that another pilot project will be funded in the Victoria area. The St. Peter's Church in Saanich has applies for and received a conditional allocation after a BCHMC review of the St. Andrew's House found no significant problems (Lawrie, 1988). The 12-unit St. Peter's Home will be built on church-owned property, incorporating the same strong community-based management and interests as at the St. Andrew's Abbeyfield House.

BCHMC is aware that development of supportive housing necessitates much greater interaction and linkages between housing, health and social service ministries and funding from each of these to ensure a smooth development process (Lawrie, 1988). For the Sidney B.C. Abbeyfield House, the residents' shelter component funding came from the Non-profit Housing Program, with rent supplements provided to all residents who earn less than $13,000.00 per year. Grants on a pilot-basis from the Ministry of Health ($30,000.00) and the B.C. Lotteries Fund ($10,000.00) met the costs of the housekeeper's living quarters. These latter grants were long-sought and negotiated, resulting in the delayed development of the home for more than two years.

The St. Peter's Abbeyfield proposal is subject to the same housing approval process as are other senior housing proposals which request government assistance. Thus a BCHMC policy review has yet to be undertaken to allow Abbeyfield (or other supportive housing) to flow through an adjusted assessment process which allows for their special provisions of shelter and care. Just as in Australia, the Abbeyfield model in Canada is challenging definitions of seniors housing, thus blurring the distinctions between shelter and care. Revising these policy and funding formulas will necessitate collaboration among the Ministries of Social Services and Housing and Ministries of Health.

Projects built under the Special Purpose Housing Program indicate that intergovernmental coordination of programs and services is possible. Revision of the program to include supportive housing has good potential. Support for enlargement of existing programs will likely be greater than for creation of new programs specific to supportive housing. Also, the possibility of existing government agencies working together also has more potential than a new agency attempting to forge its systems. Lobbying at the two government levels might be helpful to focus attention on these issues.

Rent Supplements and SAFER are housing subsidy programs which can and do function well. However, the maximum allowances under SAFER need to be revised in line with real market rents of the various municipal areas throughout the province. Rent supplements are also a successful and well developed program which requires greater funding if more older persons in need of its benefits are to be assisted.

Both income and support service programs are essential to the successful functioning of healthy variety of seniors housing options, including supportive housing. Changes to the amount and availability of income programs or support services will have direct outcomes not only the seniors themselves but for their support networks and local communities. The basic needs of housing, income and support must be met through a concerted effort by federal, provincial and local governments working closely together with local communities. The impact of zoning changes on the development of small supportive housing projects will be discussed in Part 2.4.

Development of government-assisted supportive housing will best proceed with a firm and clear commitment from the governments. This base of predictability is necessary to ensure that housing subsidies, income and support services will be available to make independent living in supportive housing feasible. In Australia, government commitment to developing supportive housing has been at least as important as the commitment of individuals and groups in local communities.

If government funding is not readily available, or its conditions prove to unacceptable to the sponsoring groups, supportive housing will develop independently as did the Kelowna Abbeyfield House. Resident-funded projects may be an attractive means of developing supportive housing, with perhaps limited numbers of subsidized units made available for low-income seniors.

The experiences of the Australian Abbeyfield Society and the American congregates in developing both government-assisted and resident-funded Abbeyfield homes suggest that both these types of supportive housing are possible in Canada. In order to develop supportive housing for older persons, non-profit societies and the public as well as governments will have to be educated about the value and economies of supported independent living.

Although it is not an Abbeyfield project, and despite an absence of a specific program and process, the Surrey Support Home demonstrates the joint cooperation among community, provincial and federal agencies. It has managed to enlist the efforts of the Surrey-White Rock Home Support Association, the B.C. Ministry of Health's Long Term Care division, BCHMC and the CMHC. Because it was a successful outcome, it should assist the streamlining of present housing programs and the establishment of inter-governmental policies, programs and procedures. As such, The Support Home presents a model for thought and a basis for action.

Potential changes in government policy to encourage more government-funded Abbeyfield Houses may be developing with the St. Peter's Abbeyfield proposal. Certainly the St. Andrew's Abbeyfield House has proven that there can be successful outcomes given the cooperation and joint support of the Ministry of Health, CMHC and BCHMC, together with community efforts vested in a community-based society. As well, privately funded Abbeyfield Houses have also required substantial joint efforts of local government agencies for home support and related services. In British Columbia as in Australia and the United Kingdom, the success of small, supportive housing projects depends on widely shared interests and goals among communities and governments.

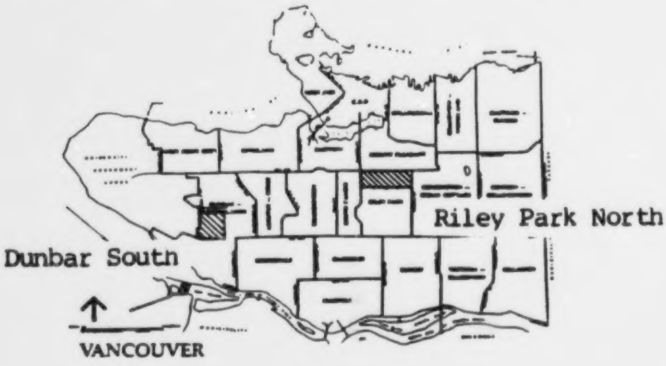
2.4 - THE VANCOUVER NEIGHBOURHOOD CONTEXT

INTRODUCTION

Two Vancouver neighbourhoods, Dunbar South, and Riley Park North, were selected as sites for possible supportive homes in keeping with CMHC's terms of reference for a pilot study of residents and locations. The Abbeyfield and American congregate examples suggest that appropriate homes in each neighbourhood could be designed consistent with characteristics of demographics and location. Residents in the homes are likely to be members of the neighbourhood community, where they have their roots and networks of local support, and where they can continue to play active roles. Traditions, family patterns, cultural and neighbourhood norms will strongly influence the lifestyle the prospective residents wish to pursue, as well as community perceptions of supportive housing in the neighbourhood.

Figure 2.1

Pilot Study Neighbourhoods



For the neighbourhood pilot study, the investigation is limited to public information sources of characteristics that might influence the establishment of supportive homes. Sources included:

- Vancouver Zoning regulations,
- Canadian 1981 and 1986 Census data for population profiles
- The Vancouver City Directory, and
- The Vancouver Real Estate Multiple Listing Sales Information January 1 to May 31, 1987 for sale prices of various properties in the study neighbourhoods.

The physical character of the two pilot study areas was obtained by a field survey to observe the housing stock, the shopping and community service and recreation facilities, street patterns and traffic, and to assess neighbourhood sub-areas.

The field survey information contributes to the evaluation of possible housing sites with supportive locational conditions; site selections should favor a relatively level topography, an interesting views of people's activities, access to sunlight and gardens or parks. Public transport should be very near and convenient shopping should be within a two or three block walking distance. Proximity to health and social services facilities may be vital criteria (Brink '86). Beneficial site attributes can be further augmented by programs that foster outings and community involvement (Lawton, '76).

VANCOUVER ZONING REGULATIONS

Vancouver has no current policy regulating locations and alternative forms of housing for which there are no specific definitions in the present by-law. City Planning staff have reviewed the potential for developing "congregate housing" several times during the past two or three years but no clear policy has yet been implemented. A 1986 staff report stated that:

> "The Director of Social Planning supports the concept of congregate housing for seniors and believes that any applications to establish such facilities over the next few years can be facilitated by considering them under one of the following categories: Rooming House; special Needs Residential Facility; Multiple Conversion Dwelling; or Multiple Dwelling. The choice of the category would depend on the form of development and the degree of 'care' to be provided to the residents."

This report was submitted and approved by City Council.

The same report explained that only the Special Needs category would allow supportive housing to be located in single family zones, which include 70% of the area of the City of Vancouver. Since then, the one attempt by a non-profit society to use the SNERF provision, was denied by City Planning after consulting with the Legal Department.

The remaining categories would permit development of supportive homes in designated Development Districts and multiple residential zones where land prices are considerably higher, reflecting revenue properties and increased density development sales. In single family zones the only established procedure making it possible to develop a congregate home for the elderly in their own community is spot re-zoning. The re-zoning application must designate how the development site is to be used in the terms of the definitions provided in the by-law. "Multiple Dwelling" does not fairly describe the shared supportive home, and the "Rooming House" designation for supportive housing would ensure very strong opposition from the local residents in Vancouver.

The city's legal staff has indicated that it may not be legal to permit congregate housing for seniors without permitting it for other age groups on the grounds that it is discriminatory and counter to the Bill of Rights and so would expose the city to the possibility of litigation. The exception would be government funded senior housing operated under government regulations. City Council's Committee on Seniors has requested that the legal position regarding the definition of seniors be further studied and resolved.

There is growing pressure from seniors, interested sponsor groups, and private developers for congregate homes, both small and large, to be legally developed in Vancouver with provisions that recognize the particular requirements of the shared supportive concept. A pioneering struggle has been launched to have the range of congregate alternatives officially recognized and the authorities empowered to permit the specific use by definition.

THE NEIGHBOURHOOD CONTEXT

Dunbar South and Riley Park North were chosen as pilot study areas because they are predominantly single-family zones, and the most frequent neighbour-hood building form is the detached house. Also, they coincide with the boundaries of census tracts that are located in physically and socially unrelated areas of the city, thus each neighborhood should show differences which reflect its supportive housing needs.

The 1981 Census Data shows clear differences between the two communities. For example, the ethnic composition in Dunbar shows approximately 89% English-speaking with 11% distributed in among European and other ethnic groups. In Riley Park, roughly 62% was English-speaking, 8% of Eastern and Western European, and the remaining 30% of non-European origin.

There are differences in home ownership patterns, as well. Some 90% of the Dunbar homes are owner occupied but only about 53% in Riley Park North. The small fraction of rented dwellings in Dunbar South are almost all single detached homes while in Riley Park North the largest proportion of rented dwellings are row houses or other forms of multiple dwellings. Apartment buildings of less than five stories (including multiple conversions of houses) and single family houses also account for a substantial number of the rented dwellings in Riley Park.

Incomes in the two neighbourhoods differ as well. The 1981 average household income (for all wage-earners) in Dunbar was $40,000 and in Riley Park it was $24,000. Male/female incomes differed between the two neighbourhoods. Average rents also reflect neighbourhood differences: in Dunbar rents are about $200 more ($550 to $600) than in Riley Park ($350 to $400). On the other hand, the few one person households in Dunbar pay $50-$75 less than the average rents for one person dwellings in Riley Park North.

SITE ANALYSIS: DUNBAR SOUTH

The Dunbar neighbourhood is located in Census Tract Number 24 in the southwest corner of the city. It is a stable, middle to upper middle class family neighbourhood with an overall appearance of well kept streets and gardens. In 1981, there were 5,235 people living in Dunbar South, among which 685 were 65 or older. There were 1735 households, 15% of which are one person households and 145 are elderly one person households.

The neighbourhood contains a community center located in a good size park developed for field games, tennis, and some trees, picnic areas, grade schools, churches, and two sections of neighborhood shopping areas. One section near the community center has a branch of the public library and a movie theatre. Two bus lines serve the area.

According to the Vancouver Zoning District Plan, Dunbar South has two small commercial areas zoned C-2, the remainder is RS-1, one-family dwelling district. The C-2 Zone permits a wide range of goods and services providing commercial activities and personal service to serve a large neighborhood.

The intent of the RS-1 district is to maintain the single family residential character of the zone. The only nominal use permitted in RS-1 zoning are single family dwellings plus accessory buildings; however, Special Needs Residential Facility is listed among the conditional uses for RS-1. Interior floor space on RS-1 lots is limited to 60% of the total lot area. Thus a 7,000 sq. ft. lot would permit some 420 sq. ft. per person in a 10-resident house -- including common and circulation areas. Space formulas and construction costs used in a later section of this report suggest that 420 sq. ft. per resident is a minimum for personal space plus common areas in a family style supportive home.

An analysis of the property sales between January 1st and May 31st, 1987 shows that:

- lot sizes ranged from 4,000 sq. ft. to 9,250 sq. ft.
- the prices ranged from $130,000 to $415,000 with an average of $250,000

- the properties large enough for the development of a supportive home for ten residents were sold for prices ranging between $211,000 and $339,000 with the significant exception of a single vacant lot of 8400 sq. ft. which sold for $175,000. There were 11 of the larger properties sold during this period, distributed throughout the neighborhood. Only one among these was a new house.

As a result of the dispersed lot sizes and property sale prices, the primary criteria for selecting a site for a senior's home in this neighborhood must simply be a relatively flat topography, and proximity to the shopping areas and the bus routes, with a preference for a location near the the community centre.

SITE ANALYSIS: RILEY PARK NORTH

Riley Park North is a working class community and the original houses which still remain are relatively small. Redevelopment is evident across the entire tract with the construction of new "Vancouver Specials", often built on two former lots. These neighbourhood lots are all too small to develop an 8 - 10 resident house, so two or more adjacent properties would have to be consolidated. In appearance, Riley Park West is cohesive and well kept but shifts to a patchy and unkept look at the east edge of the tract.

The ethnic component in the community is very evident, many signs are written with Chinese characters and there is a Korean cultural center. The "Polish Hall" is one of the recreation centers for the community. The names of the homeowners that appear in the street directory have origins in many parts of the world.

Average incomes generally increase towards the West. Single family zones are usually owner-occupied. Single-person households 65 years or over are concentrated in two areas; one just east of Main Street, the other on the west boundary of the tract. This westerly strip has an unusually high proportion of the elderly population, mostly women.

Three major north-south thoroughfares run through this tract. Cambie Street on the west is a major neighbourhood shopping street which has a movie theatre, medical offices, convenient shops and restaurants. An adult daycare centre run by the United Church is also on Cambie Street. Main Street is an auto service oriented street, but provides a full array of convenient shopping. Heritage Hall, one block north of this tract, is a center for administration of community services. A neighbourhood house with a library is south on Main Street. Fraser Street on the east is a deteriorating commercial strip with a few neighbourhood convenience shopping establishments scattered along its length. The B.C. Ministry of Human

Resources has an office near the south corner of this section at Fraser and King Edward. Bus lines exist on each of the three major northsouth streets, also on 16th and on King Edward, the north and south census boundaries. One grade school and one high school are located in the southeast sector.

The Zoning District Plan shows six different zones in Riley Park North. About half the area is RS-1. The southwest section, near Cambie, appears stable and well cared for, giving a strong sense of place. There is a variety of house types, including single and double story cottages, some larger homes from the 1920's and also some newer Vancouver Specials. This would make a very pleasant location for a family of seniors. The remainder of the RS-1 zone, in the eastern portion of the tract, is very much in transition with new Vancouver Specials replacing small bungalows at close intervals.

Most of the remainder of Riley Park North is zoned RS-2 where the intent is to maintain the single family residential character, but to permit some conversions of larger homes into a number of suites. Two family and multiple residences are permitted as a conditional use, also Special Needs Residential Facility. The permitted floor space is 60% of the lot area, but may be extended to 75% for multiple dwellings.

The overall impression of Riley Park North is that a senior congregate residence would be best situated either immediately east of Cambie or Main Street, especially in areas where conversions are already happening and property amalgamation would not be an intrusion. Price ranges for recently-sold properties average $122,000, although two adjacent properties would be required. The highest prices for were for large, newly erected Vancouver Specials or for older duplex and multiple residences which could be altered into a supportive home. Prices to May 1987 were well under $200,000.

Based on the sales information, the most likely possibility for locating a congregate home in this neighbourhood would be in the RS-2 zone near Main Street where it may be possible to convert a larger house and develop a floor area up to 75% of the area of the site.

SUMMARY OF BUILDING TYPES FOR SUPPORTIVE HOMES

The windshield survey of the study areas suggested seven existing building types that might be adaptable into supportive homes. They are briefly described with preliminary comments about their appropriateness and cost implications.

Rental Apartment: Due to the novelty of the supported housing concept as a form of residence for Seniors in Vancouver, rental apartments are probably not a practical option at this time. Consultations with a local rental agent suggested that Landlord approval for multiple occupancy is unlikely; and tenant improvements needed to convert two or three adjacent apartments into a convenient supportive home would not be permitted under the standard lease agreement. When these homes become a more familiar alternative for seniors, apartment rental may be an economically attractive alternative form of facility. At the moment, some of the apartment buildings in Riley Park North already seem to house 'Naturally Occurring Residential Communities of Seniors'.

Purchase of a small apartment: Some apartment buildings have only a few units (such as ones with four each found at 17th and Sophia). An apartment building of that size could very conveniently accommodate a congregate home. No sales information was obtained for such a building to give an indication of the local costs.

Duplex House Rental: The two dwellings in a large duplex together can provide the accommodation suitable for a supportive home. A long term lease with an owner may make it possible for needed modifications to be made to the building.

Duplex House Purchase: With the purchase of an existing duplex, there would be no obstruction to making any necessary modifications to adjust the two units of a duplex to make a single supportive home. Duplex units are located in the RS-2 and RT-2 zones of Riley Park North. Sales information indicated that prices are in line with the cost of one house which make this an attractive option.

New larger house: Houses currently built on speculation are frequently built with the potential to be subdivided later into two separate dwellings. The windshield survey included many such houses in Riley Park and a few in Dunbar. The largest models are new construction -- always in the top price range for the area.

Large House Conversion: A conversion of a large single family house on a 60 foot wide lot is the most common model for supportive housing. These are generally older houses that require considerable upgrading as well as modification for the extra bedrooms and toilets. Because of lot size requirements, this option is only likely in the Dunbar area where several possible prospects were found.

Two small adjacent properties: Adjacent 33 foot wide lots would provide sufficient lot area for a supportive house of 4,000 square feet or more. In this alternative, two small houses might be retained and together run as a single facility. Or the property could be consolidated and the two houses joined together to make a single building. Alternatively, the small houses could be demolished and a new house put up on the consolidated property. Small lots predominated in the Riley Park areas and were typical in north-east Dunbar.

The option of combining two adjacent properties has limited application as an economical alternative. In the Riley Park neighborhood very few of the lots have enough area to permit an Abbeyfield type home. However, the sum of the prices of any two lots with a combined area of at least 7,000 is in the range of $160,000 and up. This is very close to the top prices of $186,000 among the lots that were sold in Riley Park. The additional capital cost to adapt existing houses could be kept low, but with difficulty. The cost of new construction on consolidated property would be out of line with prices in Riley Park. However, several examples of such private re-developments on consolidated lots suggest that the option is potentially useful.

In Dunbar, the wide price range from small lots at around $160,000 to larger newly constructed houses up $400,000, leaves a greater margin for combining two properties.

A new mixed use development with apartments above: New development in the older commercial areas of Dunbar or Riley Park could house a supportive home in apartments built above retail or office space on commercial frontage. A model for this form of development can be seen at 28th Avenue and Dunbar Street. The mixed use development could be desirable if the rents on the commercial portion would partially subsidize the cost of the housing, however, the property management could be complicated by the commercial tenants which present different problems and concerns than do elderly residents.

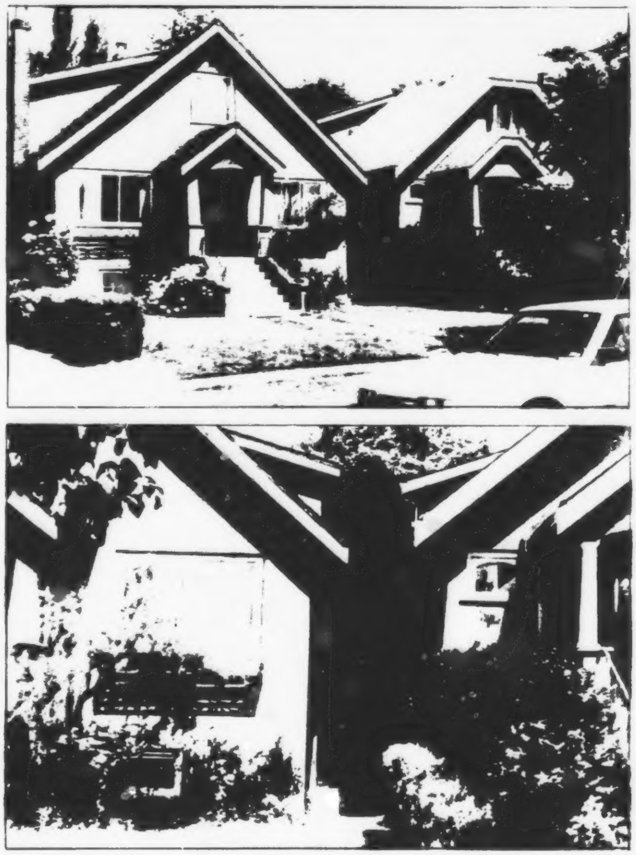
Initial indications are that a supportive home would be less disruptive in Riley Park North than in the more cohesive Dunbar South neighbourhood. However, property consolidation may raise Riley Park costs compared to the current price in the area. On the other hand, in zones where there are already conversions and duplex dwellings, the establishment of a senior's home would be simpler and economical. The level of incomes and the renter/owner ratios indicate that government assistance would be necessary in Riley Park.

The cohesive character of the Dunbar neighbourhood suggests that considerable research and education efforts should precede any attempt to establish a supportive home there. But given community support, it is more likely that a privately funded home could be developed with non-subsidized rents paid directly by the resident.

The photographs on the following pages convey the character and amenities of the two Vancouver neighbourhoods and show various building types which currently exist there.

Figure 2.2

Building Types for Supportive Homes

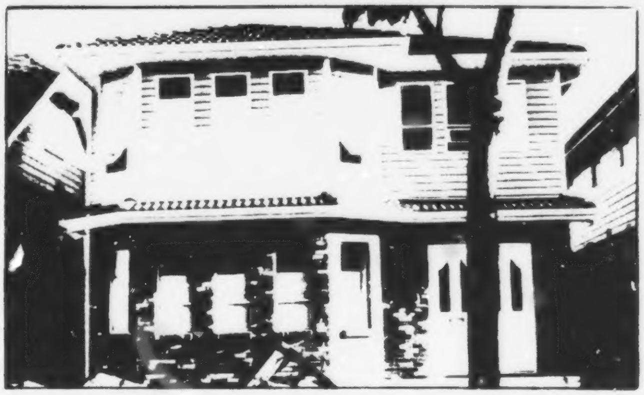


Two houses at the same floor level have the potential to be joined on a consolidated property

(Dunbar)

Figure 2.2 (Continued)

Building Types for Supportive Homes



A large Vancouver Special that brought the top price

(Riley Park)

Built to the maximum permitted floor area on the site

(Dunbar)

The large lot would permit an extension to the ground floor

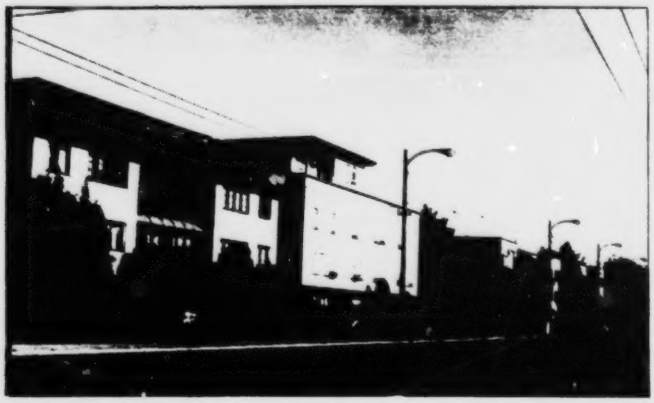
(Dunbar)

Large houses of this kind are unusual

(Riley Park)

Figure 2.2 (Continued)

Building Types for Supportive Homes

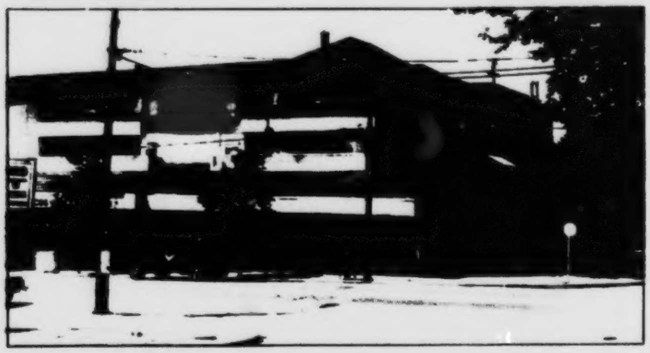


Cambie Street apartments are likely "Naturally Occuring Old Persons Community"

(Riley Park)

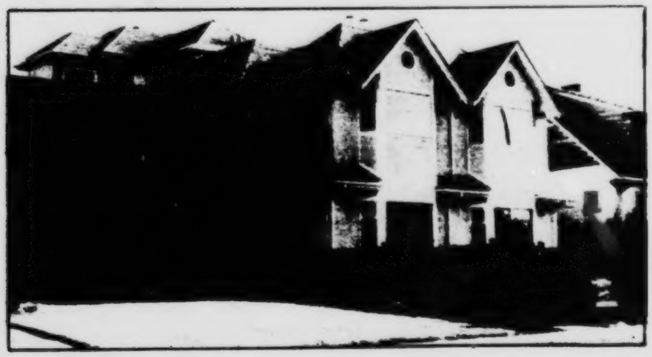
Identical older 4-plexes that nave been converted to an 8-unit co-operative

(Riley Park)



Two stories of residential use over shops on Dunbar Street

(Dunbar)



Trendy new 6-plex on 16th near Cambie

(Riley Park)

2.5 - AFFORDABILITY AND COSTS

INTRODUCTION

Supportive homes are typically rental accommodations. Because they are specially designed for aging people, they tend to be less driven by local market forces than are conventional rental apartments, but they can also cost more than the conventional units where special design features for the elderly are included (Cosh, 1986). How much prospective residents can be expected to pay will vary in each local market. This section reviews affordability in terms of public vs. private funding and income levels of prospective residents.

Assessing the affordability issue must consider both **needs** and **market**. Brink (1984) explains that the need arises from the physical and social support required by the resident that is best provided by some alternative or change in the housing. She has identified the following five housing-related needs:

1. **Financial Assistance:** a disproportionate amount of income is spent on housing,

2. **Locational Requirements:** aging-in-place with familiar network and friends, proximity to services and shopping under conditions of diminishing mobility,

3. **Need for Support Services:** assistance relative to levels of impairment, housing for the elderly living independently or in supported independent situation will require increasing support services as aging occurs.

4. **Need for Medical Service and Health Care:** chronic or periodically disabling ailments (up to 80% among 75+).

5. **Specially Designed Housing:** keyed to levels and types of impairment. Independent as well as supported homes may require modification for accessibility and mobility.

For individuals, one or more of these needs may eventually become sufficiently severe to prompt a move to more suitable housing. The appropriate housing choice will of course depend on the level of impairment and the personal lifestyle preferences.

Brink posits seven levels of impairment. She estimates that approximately 20% of the people 65 years and over can be assessed as unimpaired, 54% as slightly, mildly, or moderately impaired, and 26% as generally, greatly, or extremely impaired.

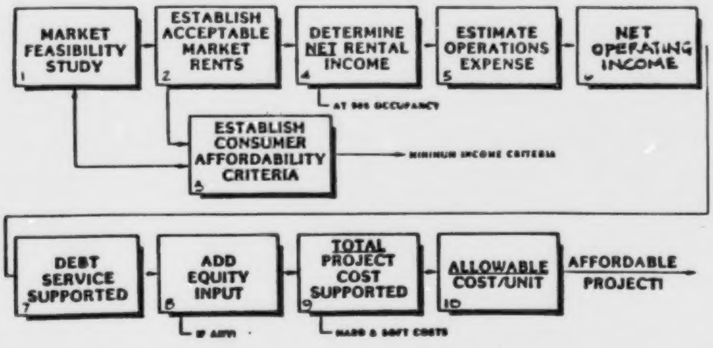
The purpose of supportive housing is to provide the range of services required for the slightly, mildly, or moderately

impaired elderly. Although the slightly impaired (20% of the total age group) may be marginally capable of living alone, as they age and become more frail their level of impairment is likely to become progressively more severe. This group would benefit from having the support at hand as the need increases. Affordability on the basis of need has to be assessed in terms of the savings that can be realized by postponing institutionalization and of improving the efficiency in delivery of the services that are provided to those who are otherwise in good health. The indications are that there can be real savings (Heumann, 1985). Success has also been established for supportive housing as an alternative to the institutional living situation on the basis of the quality of life (Cram, 1985; Heumann, 1985).

The **Consumer Affordability Model**, (Figure 2.3) provides a useful guide based on the developer's market approach.

Figure 2.3.

A Consumer Affordability Model


MARKET FEASIBILITY STUDY
1
ESTABLISH ACCEPTABLE MARKET RENTS
2
DETERMINE NET RENTAL INCOME
4
AT 95% OCCUPANCY
ESTIMATE OPERATIONS EXPENSE
5
NET OPERATING INCOME
6
ESTABLISH CONSUMER AFFORDABILITY CRITERIA
3
MINIMUM INCOME CRITERIA
DEBT SERVICE SUPPORTED
7
ADD EQUITY INPUT
8
IF ANY
TOTAL PROJECT COST SUPPORTED
9
HARD & SOFT COSTS
ALLOWABLE COST/UNIT
10
AFFORDABLE PROJECT!

THE MARKET DRIVEN APPROACH

(Source: Moore's Diversified Services, Inc. Fort Worth Texas, 1987)

The model illustrates that an affordable project must inevitably be related to the income of the potential residents in the target market. The feasibility study of this model can be worked in two directions. It can begin with a known market (Cell 2) and calculate the dollars per square foot that can be spent to establish an affordable project. Alternatively, the calculation can begin with the estimated costs of the project (Cell 9) to determine the level of rents that must be charged to support the project.

As the model indicates, there are many variables to be considered in the calculations and some are difficult to define precisely. Certainly, the critical variables are the cost of the property, the cost of construction, and the amount of equity that can be raised. The sum of these three represent 90% or more of the total cost to develop the project.

Critical variables can be controlled only to a limited extent. Property costs will depend on the location and the opportunities available at the time of purchase. Obviously, the best opportunities are properties that are all or partially donated, such as the low interest private mortgage obtained recently for the Abbeyfield House in Kelowna, B.C. Unit construction costs can vary depending on the quality of the building. The construction costs are also affected by the square footage that must be provided. Alterations to a large house with the electrical and heating services in good operating condition can provide substantial savings over new construction costs.

The equity contribution to the cost of a privately funded project may be the key to its affordability. If equity contributions can reduce the mortgage that will have to be raised, then the rents that must be charged are reduced proportionately. Rental payments against capital costs can easily exceed 50% of all monthly costs. Some of the sources that can contribute to building the equity include: grants from foundations or corporations, private donations, fundraising events, sale of shares or debentures, resident entry fees or equity contributions, and public programs such as reduced value leases.

If the strategy is to raise funds from public sources, there are often attached conditions that will influence the project operation. These may include income criteria for selecting residents or prescribed dwelling units. To be eligible for housing assistance in British Columbia, it is necessary to differentiate between shelter costs (including project capital costs and shelter operating costs) which are eligible for funding versus for personal support costs which are ineligible.

The British Columbia Housing Management Commission in its 1986 Non-Profit Society agreement defines "basic shelter costs" as follows:

> "'Shelter component' means the components of residential accommodation related to space used for living, sleeping, eating, food preparation and sanitary facilities, either shared or otherwise, and amenities space approved by the Commission which may be shared with other occupants of the project, and the land or proportionate amount thereof on which such sheltered component is situated."

At-issue in British Columbia is the intention of the small supportive home to provide the range of services necessary for independent living at differing levels of impairment. The basic level of service is provided by a live-in housekeeper or manager. The live-in support is elemental to the concept of a supportive home as part of the shelter service. It was unsuccessfully argued at St. Andrew's Abbeyfield in Sidney, B.C. that the shelter component for the elderly should include the living quarters for the housekeeper. The calculations prepared by the Ontario Abbeyfield Society included the housekeeper suite in the 15% overage permitted for non-residential use covered by shelter housing.

The salary paid to the St. Andrews' resident housekeeper was considered an operating cost related to the care and personal services provided to the residents. Operating costs also included in the rent charges are daily living expenses such as meals and housekeeping.

In addition to rent are individual expenses such as personal care and health expenses, as well as some provision for personal spending. A further cost that persons on a fixed income must consider is the inflationary factor for both shelter and individual personal expenses. Over time as the residents become increasingly impaired and more services are required, the daily operating costs and personal expenses will probably increase.

The support services needed for the mildly and moderately impaired in Brink's model, will initially fall on the housekeeper and on volunteer support groups. At some stage, B.C. Home Care services will be available to the residents as their needs increase as determined by the local unit of the Provincial Health Department. They assess the individual's long-term care needs first, then their financial need. Any Canadian citizen or landed immigrant who has been resident in British Columbia for at least a year is eligible for the B.C. Medicare services at no cost after they have been assessed as eligible. Services such as homemaking can also be provided on request at a cost of $10.25 an hour regardless of need. These services are provided to individuals, but not to households.

A feasibility test of affordability has been calculated for the two pilot neighbourhoods. The calculation tables are found in Appendix C. Local capital costs have been estimated for a minimum facility -- the family home model with private accommodations of a 200 square foot bedroom plus a half bath (toilet and basin) and storage space. The daily operating costs for the calculations are based on the actual 1987 cost at St. Andrew's Abbeyfield. The figures are developed to establish an affordability range that can be related to available government programs and to individual incomes in 1987 dollars.

The results of the feasibility calculations for the Vancouver locations are summarized here. The estimated monthly shelter cost and daily operations for each resident is respectively;

Table 2.7

Direct Costs for Supportive Housing

	Shelter Costs		Operating Costs	
DUNBAR SOUTH	$625	+	$438	= $1063/month or $12,756/year
RILEY PARK NORTH	$500	+	$438	= $ 938/month or $11,256/year.

In British Columbia and in Canada the primary criteria for affordable housing, assuming that the housing meets livability standards, is that the monthly shelter cost should not exceed 30% of income. Most government supported programs are geared to bridging the gap between 30% income and "economic rents". On that basis the income required to support a resident without financial assistance in the two study neighbourhoods are estimated to be:

Table 2.8

Eligibility Criteria at 30 for Shelter Costs

DUNBAR SOUTH	$625 / 0.3 = $2,083/month or $25,000/year
RILEY PARK NORTH	$500 / 0.3 = $1,667/month or $20,000/year

In Vancouver, a person's annual income must be below $15,500 to qualify as a member of "the core need group" and to be eligible for financial assistance.

The earlier calculations show a $5,000 to $10,000 gap in annual income between "affordable" non-subsidized supportive housing and the eligibility criteria for financial assistance. Table 2.9 shows ways in which shelter costs for a privately funded project might be reduced to make it more affordable.

Table 2.9

EFFECTS OF VARIOUS ECONOMIES ON THE ECONOMIC RENT FOR A PRIVATELY FUNDED SUPPORTIVE HOUSING PROJECT

NOTE: The project location is held constant.

SHELTER COMPONENTS

Area of Saving	Possible Source of Saving
o Project Cost	o Sales tax forgiven
	o Start up grant
decrease development cost	o Low interest loan
decrease acquisition cost	o Reduced value sale
	o Reduced value lease
decrease construction cost	o Smaller facility
	o No frills construction
	o Minimum renovation
increase equity contribution	o Corporate grant
	o Foundation grant
	o Private donation
	o Sale of shares/debentures
	o Resident equity
	o Entrance fee

o Debt Servicing	EFFECT ON		
decrease financing required	Monthly Mortgage Payments		
	@ 12%	10.81	10.06/$1,000
lower interest rates	@ 9%	8.89	7.93/$1,000
	@ 2%	4.51	3.40/$1,000
extend term		20 year	30 year

Area of Saving	Possible Source of Saving
o Shelter Operating Costs	
property tax forgiven	o ie., Church property
volunteer assistance	o Administration & repairs
o LOWER RENTS ←	**SAFER assistance for individuals who pay more than 30% of income.**
o Daily Service Costs	
lower salaries	**o Volunteer Contribution**
lower service cost	**o Resident**
lower food costs	**o House garden**
o Other Income	
fundraisers	
donations	

In British Columbia 75% of the elderly women and 65% of elderly men have annual incomes less than $8,000. The rate paid by persons living in extended care facilities was previously calculated by the Ministry of Health at 75% of income until March 1988 when it was changed to 85%. In Australia, Abbeyfield rents for "standard" houses are pegged at 85% of pension income and include daily operating costs only. The shelter portion is subsidized by Government and the sponsoring society. Applying the total "shelter plus care package" approach from these examples, the minimum required income for a non-profit congregate home in the two Vancouver neighbourhoods would be:

Table 2.10

Minimum Required Income for "Shelter Plus Care Package"

DUNBAR SOUTH	$625+$438	/ 0.75 =	$1,417/month or	$17,010/year
		/ 0.85 =	1,250	15,000
RILEY PARK NORTH	$500+$438	/ 0.75 =	$1,250/month or	$15,000/year
		/ 0.85 =	1,103	13,250

The gap between affordability and financial assistance has been reduced or eliminated by this calculation. However, the discretionary funds available to the residents, after housing and care is paid, will be very little as shown in Table 2.9.

Table 2.11

Available Discretionary Funds

a) with 30% to shelter cost

	Monthly Income	Total Monthly Shelter plus Care	1987 Income Tax	After Tax Discretionary Funds
DUNBAR	$2083	1063	320	$700
RILEY PARK	$1667	938	257	$472

b) with 75% to shelter plus care cost at the eligible incomes

	Monthly Income	Total Monthly Shelter plus Care	1987 Income Tax	After Tax Discretionary Funds
DUNBAR	$1250	1063	214	$140
RILEY PARK	$1250	938	60	$252

The "30% criterion" applies to government subsidized housing where residents have incomes below the $15,500 ceiling, and who therefore pay little or no income tax. These residents would be eligible for the SAFER program of rental assistance adding 75% of the rent cost above 30% of income.

The calculations in Table 2.10 provide an indication of the requirements of government assistance in the two study neighbour-hoods. The same shelter and care cost are used.

Table 2.12

Rents with Government Supplements

	Shelter Cost	30%	SAFER	Rem to pay	Income	Shelter	Care	Left over
a) $15,000 annual income = $1250 month less income tax = $1190/month								
DUNBAR	$635	375	188	62	1190	(375+62)	438	$315
RILEY PARK	$500	375	94	31	1190	(375+31)	438	$346
b) $10,000 annual income = $835 month no tax								
DUNBAR	$625	250	281	94	835	(250+94)	438	$53
RILEY PARK	$500	250	188	62	835	(250+62)	438	$85
c) $7500 annual income = $625 month no tax								
DUNBAR	$625	188	328	109	625	(188-109)	438	(110)*
RILEY PARK	$500	188	234	78	625	(188-780)	438	(79)*

*Brackets indicate a shortfall - 65% of the men and 75% of the women over 65 age group had incomes of less than $8,000.

The Consumer Affordability Model (Figure 2.3) demonstrates that these examples would not be affordable at incomes of $10,000 or less. The "allowable cost/unit" would have to lowered by adjusting one or more of the following: debt service, equity or hard and soft project costs. Converting a large older house may reduce construction cost, land might be leased at a favourable rate, or perhaps donated. The tenure strategy will effect the equity of the expansion.

There are other factors that affect the marketability of the project besides the cost. If a project is undesirable for any reason then people will not be willing to pay economic rents, and if it is not marketable, then it is not affordable.

James Moore who prepared the Affordability Model specializes in the problems of retirement housing in the United States. Moore's research has identified the most common problems with senior's housing. Difficulties arise from an unrealistic assumption about the size of the market based on demographics without realizing that it is a flow-through market and quickly satiated. Where the market is not properly identified, the housing may be incorrectly targeted. The team working to develop the housing must be experienced so it can effectively meet budgets and schedules. If the design does not meet the residents' physical requirements or provide the desired mix of facilities, and if the location is inappropriate the project can be awkward to rent and keep filled. These potential problems need to be carefully researched at the outset because they are very difficult to correct once the project is in place.

In addition to the operational costs, Moore's research and experience suggest other factors that may be critical to the operational success of a congregate home. Most importantly, few if any elderly people like the idea of moving, so there is serious market resistance. To overcome this requires education and sensitive marketing. Prospective residents should have a clear understanding of the supportive home family-type lifestyle so their expectations will not be misplaced. On the other hand, the operation of the home must be responsive to needs of its residents so that services are delivered only as they are needed.

SUMMARY

Where government funding is expected, analytical models need to be comprehensive and to account for full range of services provided by public monies. Housing, health, and social services, funded by the federal, provincial, and municipal governments must be targeted to the need and effectively delivered. It is costly and wasteful to provide Level III services when Level I is sufficient, or to provide professional institutional care when non-professional and volunteer care will provide adequate care.

The government support model should contrast the relative costs of alternative forms of serviced housing for the elderly. The amount of financial assistance can be assessed according to 1) level of impairment, 2) real cost of all the services needed (ie. volunteer, paraprofessional, professional, specialist), 3) relative costs of the alternative delivery systems such as at private homes, supportive homes, or in institutions. It is much more difficult to be precise in the qualitative assessment of housing options for seniors relative to dollar-values.

With relatively high fixed rents and a non-profit operating budget, supportive housing is very sensitive to changes in the supporting financial context. Changes in government regulations and policies affect housing at any level and need to be studied carefully for their impact. For example: The City of Vancouver has revised the RS-1 sections of the zoning by-law. As of March 1988, the housing sizes in these areas are limited to 30% of the site area plus 1,000 Sq.Ft.. This change means that lots of

9,600 Sq.Ft. (80 X 120) would be the minimum size for a 10 person purpose-built home. This has a severe impact on the feasibility of establishing a supportive home in the single family zones of Vancouver.

For those who must move from rented homes, the supportive home provides an extra step with built-in support to postpone institutional care. Since the reason for such moves are often abrupt increases in need, a neighbourhood supportive home should be a welcome option for people who would otherwise have to move away from their familiar surroundings or to an intermediate care facility. However, the calculations show that significant government assistance will be required to reach the deeper levels of those in financial need.

For the homeowner, trading the satisfaction and comfort of mortgage-free home ownership is often occasioned by some personal crisis such as the death of a spouse or a fall. Sensitive marketing and education will be required to convince homeowners that qualitative benefits will come from the security, support and social contact with the home family, while privacy and independence will be maintained in every way possible.

There is a substantial "affordability gap" between those eligible for social housing and income assistance, and those who have sufficient income to afford the monthly rents for a modest privately funded supportive home. The size of the gap will vary from place to place. The issues are twofold: 1) the opportunity for the elderly to choose to remain in their home communities when it would cost less to house them elsewhere, and 2) the segment of the elderly population who are not income-eligible for supportive housing even though it may be more economical than institutional alternatives in the long term.

Every person's situation is different, and with varying demands on resources beyond basic shelter and care needs. Each potential resident will have to calculate the benefits of the supportive home versus the available alternatives. Current evidence indicates that sharing in a home can provide most daily needs with flexibility and reasonable economy for the services delivered. The supportive home "family" shares the maintenance and operating cost for their house as well as costs for any extra services they need or wish. As a result of homecare services, a market formula of some 75% of income spent on the "shelter plus care package" seems a reasonable and realistic method of calculating affordability in British Columbia.

PART III

SUPPORTIVE HOUSING IN VANCOUVER: A PILOT STUDY

PART III - SUPPORTIVE HOUSING IN VANCOUVER: A PILOT STUDY

3.1 Focus Group Interviews with Local Seniors

3.2 Housing Issues, Design Elements and The NewHome Game

3.3 NewHome Game Results: Prescriptions and Prohibitions

Part III shifts its focus from reviews of studies conducted elsewhere to information collected from residents in the pilot study areas in Vancouver; and shifts also from second-hand to first-hand accounts. The principle objective was to learn what local older people have to say about the concept of supportive housing and to determine the design and operational elements most important to them. A useful sub-outcome was a simulation strategy for familiarizing older people with the idea of supportive independent living and some pilot information about the design trade-offs which must be made in developing affordable housing.

The research team discovered early that the elderly are interested in exploring the supportive housing idea and in testing the issues, but rarely do they grasp that the decisions may eventually apply to themselves. They grasp the concept, but have difficulty translating it into a real image. For more genuine tests of the idea's viability, new ways must be explored to inquire about a living situation which is outside the respondents personal experience.

INTRODUCTION

There are interestingly few models of housing and lifestyle choices specifically designed to maintain and prolong independence for the elderly while still servicing the assistance needs as aging progresses. The models which are known are Abbeyfield House in England and in Australia; and group shared homes and small congregate houses in the United States. In Canada, the National Abbeyfield Society has been established, and there are growing numbers of affiliated societies across the country.

This report summarizes preliminary contacts with the seniors' community in Vancouver to obtain an early sampling of their reaction to the supportive housing concept and how it might be designed to best fit the local needs.

If local conditions parallel the British, Australian and American models, the clients are likely to be persons over 75 years of age, mostly women, single, divorced, or widowed, who live alone and have possibly suffered recent traumatic experiences such as death of a spouse, health crisis that forced a change of residence. Most potential clients are strongly protective of their independence and autonomy and do not want to be dependent on family and friends. They want to remain where they are; in their own neighbour-hoods and among their possessions. Any suggestion of alternative housing appears to be an immediate threat to their independence (AARP, 1986).

Earlier sections of this report have documented that with age there is increasing dedication to a central core of values and beliefs. In the later years, personal values are likely to be well established through a life-time of experience and the concept of congregate housing is unfamiliar to most. Thus, how best to present the concept was considered from three perspectives:

1) The mandate of the study; "to develop a profile of likely residents including expectations, income, general health and demographic characteristics" (Schedule A - Terms of Reference, p. 10).
2) The scope of this research project and the resources available,
3) Respect for the privacy and the sensibilities of the people in the focus group interviews and personal interviews.

Two sets of interview groups are specified in the terms of reference: The focus group interviews served to introduce the researchers to the the client group and their peers. Simultaneously, the interviews served as an early education strategy and introduced the supportive housing concept into the local Seniors Network. The personal interviews probed in much greater detail seniors' preferences about house design and layout, lifestyle and service requirements.

GROUP INTERVIEWS

The group interviews were conceived and structured to elicit a range of issues about informants' housing concerns and to find out the best ways to formulate the questions which would be asked in the subsequent individual interviews. The group interview methodology was developed by Dr. Beverly Burnside, a Social Anthropologist at the University of British Columbia's Department of Health Care and Epidemiology. Through the Central Seniors Network in Vancouver, she contacted representative individuals to participate in the interviews. Both men and women were contacted by telephone, and calls were repeated until eight people had accepted the invitation to come to each of the group interviews. Among those who were called, several individuals were living with another in a mutually dependent relationship. Although there was a great interest in the topic of Housing for Seniors among those contacted by telephone, at least 30 calls were necessary to obtain the 8 interviewees. But when the interviews took place, only a few of those who had accepted actually arrived for the discussions.

Most of the individuals who were invited were elderly women living alone. Their ages ranged from the late 60s to mid 90s. Without exception these women had stated earlier that they preferred to live alone and had no interest in any communal arrangement. Most owned their own dwelling, either a house or an apartment. Those with houses noted that while they had space for a home sharer, this option was seen as a threat to their current, satisfactory lifestyle. They explained this to mean a balance between community and social activities and the "peace and quiet" of a home without domestic or social responsibilities for others. Two women suggested that an Abbeyfield arrangement would be appropriate for those who were more or less home bound, and without discretionary access to the company of others.

Three such interviews sessions were scheduled: one at the Seniors Network Headquarters, one at the Dunbar South Community Centre, and one at the Riley Park Community Centre. Two interviewers from the research team were also present at each occasion; one who hosted the session and the other who joined the informal discussion. Each interview session was tape-recorded for later review. The discussion questions were pre-structured to cover three topical themes: 1. **"Who are we?"** to provide background information about the informants and their current housing situation. 2. **"What do we know?"** to uncover informants' understanding of housing options and services currently available, thus allowing informants to select their own issues, preferences, and housing opinions. 3. **"Think about Abbeyfield"** to introduce the concept of Abbeyfield and congregate housing. These focus questions provided a forum for informants to explore the concept, express their opinions, and offer their ideas about prospective residents, and the amenities they considered important.

When core issues did not arise spontaneously during the discussions, the interviewers introduced issues (1) that might cause people to move from their current housing such as loneliness, impairment, health or money problems; (2) preferences for the physical amenities of their housing and other services important to their comfort; (3) social connections and contacts, friendship ties or other forms of personal assistance.

(Editors Note: The next three pages benefit from a certain editorial leger-de-"mind". As presented here, the comments of the respondents appear tidily organized around four central themes. Of course, at this stage of the study, the themes did not yet exist. The researchers would spend many hours listening to the tape recordings while categorizing respondents' comments to develop themes into which most ideas and concerns could be sorted. For brevity and readability, the respondents' comments are presented as direct quotes or paraphrasings under the headings of Sharing, Social Relations, Design Features, Services for Residents, and a Miscellaneous category.)

1. Vancouver Seniors Centre at 411 Dunsmuir St. (Four female respondents)

Sharing

Don't want to share smoke, pets, thermostat problems, noise.
Get by by managing money carefully. Want to stay independent.
Would move to congregate housing under right circumstances.
I like living as I want...no one has to know what I do or when.

Social Relations

Apartment living give us the independence we need.
I come to the seniors centre when I want to socialize.
I have visits from friends and family -- as much as I want.
Don't want to move too far away from the Seniors Centre.
Living with family outside Vancouver (or in Florida) is "silly".

Design Features

My current apartment fills all my needs.
I hated being forced to move before, but now it's quiet here.
Bachelor units are too small for socializing.
Don't want to be forced to interact if I don't want to.
Want enough room to house all my things.

Services for Residents

I won't move until I reach old, old age.
Takes a taxi between home and Seniors Centre.
Cooking sometimes is too much trouble.
Home services comes every week to help around the house.
How would group living help me to get around any better?

Miscellaneous

Dependency, health, fatigue, impairment, loneliness, money.
Moving is a whole lot of trouble.

2. Riley Park Community Centre (Three female respondents)

Sharing

We help a blind lady to do shopping, cleaning, reading aloud, etc.
Plan on moving into a supportive home (Little Mountain Society).
I want no responsibilities of ownership.
Success depends on people's compatibility.
What about the sex mix of residents? Might be nice to have men.
Could our friends move in too?
I want no granny flat; I'd rather go into a (old folks) home.

Social Relations

I've worked as a Community Centre organizer and fundraiser before.
How much we do socially depends on health and homekeeping chores.
Don't worry much about security or loneliness.
Family-style housing forces people to cooperate and socialize.
When you're in an apartment you just don't mix with people.

Design Features
Condos are too small, no floor space.
I don't care about a big kitchen all to myself, I'm out a lot.
What about arrangements for pets? Dogs, cats, fish or birds?
Gardening is my chief hobby. How would I do that in group living?

Services for Residents
Don't get out unless my family drives me.
Got burglarized last year. Having other people around might help.
Visits the community centre by bus. Has always been active in it.
Keeps house in shape by hiring top-grade repair people.
I'll not sell until everything goes; you have to take it in stride.

Miscellaneous
Two fractures in the past two years has slowed me down a lot.
Low energy or poor health makes moving much more difficult.
Persons with social energy who could relocate to a congregate alternative are well suited with their present homes, while persons anxious to shuck the burdens of householding may lack to social energy to cope with congregate living.

3. Dunbar Community Centre (Five female and one male respondents)

Sharing
Someday I know I won't be able to cope any more, but until then...
Some of us just don't enjoy cooking and doing housework.
Why would anyone start sharing now, if they can still manage ok?
Sharing your OWN home just never works out. Maybe a group home...
Is government going to force old people to live in group homes?
How would you know if somebody will turn out to be compatible?
"For people like us, there comes a time when we could really benefit by the companionship of others around us...and we are likely coming to a time when we will need more care and are dependent on other people"

Social Relations
None of us has family or good friends close by. We get lonely.
Been in this building 14 years, and don't know other residents.
Not me...I have tea occasionally with others in my building.
Friends may not be good housemates, even if you know each other.
How about house management and who sets and changes the rules?
Balancing independence against not being responsible for others?
People need contact with others at least once a day.

Design Features
Need control over the heat in the unit.
First priority is an individual room with toilet and bath.
I've thought about moving. Neighbourhood's not as nice as before.
Neighbourhoods change. Young people move in, drink and do drugs.
Can't leave friends here and move away, even with good housing.
Group home is no alternative to own apartment and bathroom.
I know some group homes around. How is Abbeyfield any different?
What about Oliver, B.C. with clusters of small independent units sharing central lounge, meeting/dining areas? Nursing care?

Services for Residents

Time comes when health fails..May need cooking and cleaning help.
Buddy systems, postman's alert, call buzzers or phones keep contact.
Best suited to people who are frail, impaired or dependent on help.
Location is important. Want to stay where I know the neighbourhood.

Miscellaneous

Too much government money goes to people who can still afford it.
Sounds like a good idea, but doesn't really apply to me yet.
Independence and self-reliance run counter to group living.

SUMMARY AND OBSERVATIONS

As a result of the three group interviews, it was very clear that most respondents were not people who considered themselves potential Abbeyfield candidates. Previous studies had indicated that prospective residents in Abbeyfield or congregate homes were usually a small fraction of the elderly population. If the intention is to interview those who recognize themselves to be possible residents, then the socially and physically active seniors who participated in the programs offered through community organizations and who volunteered for the group interviews are not themselves the target population. A small random sample individual interviews is unlikely to yield many prospective Abbeyfield residents where the literature suggests that perhaps 3% to 5% of the age group cohort may become Abbeyfield candidates.

Nevertheless, the issues concerning the respondents reaffirm the lessons of Abbeyfield and congregate projects elsewhere:

Locational concerns reflect the basic desire to stay in a home neighbourhood or a desire to move away from a deteriorating neighbourhood. **Independence** covered items such as privacy, freedom, and responsibility neither to nor for others. **Sociability** among these people meant that they were active and found their companionship outside the home, made use of the telephone, and generally rejected the idea of forced interaction in the home situation. Each group questioned the **compatibility** among the residential group in a small home situation, how residents would be selected, and how house rules could be decided upon. **Pets** were a controversial issue with strong issues either for or against dogs and cats, but a general agreement that it was nice to have "something alive" waiting to greet you at home (ie. fish or birds). Designs for residents' **own space** was eagerly discussed, a private bathroom was deemed essential; a private place to put one's important personal possessions is necessary even in places such as kitchens. But, ample private space was not considered an equal trade-off for being able to stay in one's familiar home. The desirability of some kind of **ownership** was briefly referred to. **Services for residents** were usually interpreted in the context of continuing care or life care development for seniors housing.

Maintaining independence was a primary issue to everyone. These active elderly did not perceive the Abbeyfield concept as an option for themselves. Some were more willing to accept the inevitable move to an "old age home", than consider an unfamiliar alternative such as an Abbeyfield type home. Highly independent themselves, they seemed prepared to relinquish the recognized components of independence such as choice, self reliance, and privacy if it became necessary to move into an institution.

Questions about the Abbeyfield concept included the difficulties of putting together a compatible group of people to live in the congregate home; doubts about the possibility of reaching an amicable agreement concerning house rules; concerns about having enough space, and place for possessions; an unwillingness to share private areas such as a bathroom or a bedroom; and finally, control and management of interpersonal relationships.

The people who were most interested in searching for a different housing alternative from an institution were those with a real personal experience of the need for extra help, either those who had given volunteer assistance as helpers or whose who themselves were having trouble coping. One was a lady who was becoming increasingly blind, another was the sister who cared for her invalid brother.

It was equally clear that no one wanted to move. but when circumstances forced a person to move, "satisfaction" grew over time and eventually arrived at the same level of not wanting to move. A number of factors that build up to "making the move" included discussions about: the family homes which are too large and difficult to maintain, deteriorating neighbourhoods, raises in rent, the provisions of meals without the need to cook, health problems and growing impairment, and the need for more care or help in caring for others.

INDIVIDUAL INTERVIEWS

The group interviews with the 13 respondents in three different seniors settings served: 1) to confirm that the issues confronting the living arrangements of the elderly in two Vancouver neighbourhoods were largely the same as reported in the literature elsewhere, and 2) to familiarize the researchers with local seniors' networks and current topical issues. The focus group interviews also resulted in two valuable, but unexpected outcomes. First, the seniors with whom the researchers spoke were almost unanimous that "...supportive housing isn't for me, but I have a good friend (or relative) whom it might suit quite well." Therefore, the research strategy was modified to allow a senior to speak as the advocate of someone whom they knew well who might be a potential candidate. Indeed, in many jurisdictions, seniors in similar residences are required to nominate an advocate who can act as decision-maker in cases of emergency. Second, it became quickly clear that questioning strategies which give respondents carte blanche to choose the best (or costliest) option for each question result in "wish lists" but not realistic assessments of what is possible and affordable. Consequently, the idea of a simple questionnaire was upgraded to a simulation of actual decisions and trade-offs which one must make in selecting desirable yet affordable housing options. The simulation was cast in the form of a board game where respondents were required to weigh desirability against cost and arrive at an affordable set of selections. This simulation exercise was subsequently called the **NewHome Game.**

The individual "interviews" were intended to go beyond the general consensus of the focus group discussions and to bring into sharper focus three major questions about small supported homes for Canadian elderly:

1. **Who are likely residents for the small homes?**
2. **What features and options should the homes provide to make them suitable for elderly residents?**
3. **What are the demographic characteristics of potential residents and do they correlate in any way with preferences for housing features?**

Thus the individual "interviews" took on a three-part structure: 1) Problems facing the elderly and their peers; 2) Preferences for housing features and options, and 3) Their own demographic measures.

These three sections were developed according to the following rationale:

First: There is clear evidence that older people are less willing (rather than less able) to move than those who are younger (Markson, 1982; Wiseman, 1986). Considering a move to a supportive home most often results from the onset of one or more precipitating factors occurring in a previously stable residential existence. Commonly encountered reasons and statements which the researchers had assembled from various respondents included quotations where the older person:

Is afraid to live alone.
Can no longer manage the home alone.
Is feeling trapped and less able to cope.
Is suffering shock and without necessary support.
Is having trouble learning to get about alone.
Is quite frail and no longer wholly self-sufficient.
Does not really need to go into a nursing home.
Is very old but quite healthy.
The family is insisting on a move to a nursing home.
Is not getting out as much as before.
Is lonely and unhappy.
Has recently retired.
Has trouble making ends meet.
Has recently lost a spouse.
Does not know how to cook or maintain the house.
Belongs to a group of friends who would like to share the cost and care of a shared home.

Elderly people who have moved or applied to move from their private dwellings to supportive housing have been queried about their reasons in other studies (AARP, 1984; Moos and Lemke, 1984; Baker, 1987; Malozemoff, Anderson and Rosenbaum, 1978). These investigations report the following classes of reasons: (1) moves forced by displacement, disaster, rent increase or reduced economic circumstance; (2) family break-ups and other crises: death, separation, divorce, or legal separation or geographically; (3) neighbourhood deterioration is occasionally cited. (4) difficulties in keeping up houses or apartment; (5) fear of becoming a burden to others through loss of independence; (6) fears about what may happen in emergencies; (7) worries about "having to take care of a loved one if he or she becomes ill," and "Having to live with other people if I don't want to." Note that these are all 'house needs' issues, unrelated to the particular physical, locational or social attributes of any particular housing alternative.

These statements and reasons were synthesized into a 12 statement checklist in order to ask respondents: "Do you know anyone who faces any of these problems?" This strategy served (1) to probe for likely residents by finding out if anyone who matched these conditions was known to the respondent, and (2) to foster an empathic attitude about the needs of people who they knew rather than their own personal desires and preferences. In essence, it was intended to serve as a "warm-up" to a discussion about senior's housing needs before turning to housing features and potential options.

Second: The categories of housing and lifestyle attributes to be investigated were developed under four headings:

A. Sharing the residence;
B. Social interrelationships among the residents;
C. Physical and design features of the home;
D. Services provided in the home.

Each of these four headings was detailed by asking an additional five focused questions. For example, the five "Sharing" questions were: 1) Taking part in residence decisions; 2) Use of a shared kitchen; 3) Share in running and maintaining the home; 4) Number of residents sharing the home; and 5) Shared spaces in the building. In turn, each of these 20 questions had four to seven possible options (for a total of 88) from which respondents could select choices which they judged 'most preferred', 'unacceptable' or 'negotiable'. These 20 questions reflected issues, features and topics which appeared repeatedly in the literature and which arose in the focus group interviews. Additional evidence and background for including them as the most critical housing issues appears in Appendix D.

Third: Demographic information about respondents was collected according to standard survey research methods and included: age, sex, education, income, health status, language spoken in the home, involvement in community and social activities, amenities and services available in the home neighbourhood, current housing type and tenure, assistance needed in activities of daily living, and (where the respondent was speaking as an advocate for another elderly person) the relationship of advocate to client.

Pilot testing of the NewHome Game uncovered a few problems; notably, its length, complexity of instructions and number of decisions which must be made about each option of each question -- the 88 options each required six separate steps: Reading the options, Naming the options most preferred, Putting yellow tag on the least-preferred option, Considering blue tag veto options, Die rolling and red tagging for Management Choice, Issuing blue dot to "winners". Older people or people with short attention spans appeared to have the most difficulty with the game; others said they found it "fun", "compelling", "entertaining" or "a good preview of what we have to look forward to".

The research team spent some while revising, streamlining, shortening and simplifying the game protocols and developing an abbreviated scoring sheet. These efforts resulted in a substantially improved, clear and shorter data gathering mechanism.

The NewHome Game: Making Real Choices

After revisions, the NewHome Game consisted of (1) the 12 item checklist of seniors at potential risk in the respondent's network typed one to a card; (2) the 20 "feature" cards, arranged in groups of five under four the headings, as above; and (3) a two-page socio-demographic survey form. Supporting the game cards were a) a game record sheet, b) sheets of instructions for respondents and interviewers, and c) coloured pens, stick-on dots and a die for making choices when options were equally desirable or undesirable. Copies of all these materials are found in Appendix D.

The points in favor of the NewHome Game over traditional survey interviews are several: It generates an enormous amount of information about supportive housing issues and features, and about the respondents themselves. The 'elderly-at-risk' and 'feature' cards are naturalistic in that they ask about real people and real decisions in respondents' lives. The game is realistic insofar as it focuses on locating 'acceptable' rather than 'optimum' choices. The issues it raises are pertinent to policy planning as well as design and operations. The game is non-threatening insofar as the respondent is not directly the focus of the play unless by choice; instead, the game revolves around a real contact known to the respondent. The game is 'robust', insofar as its key elements can be understood irrespective of variation in wording of cards. Finally, the game is "fun", "hands-on", involving, interactive and compelling to most people.

FINDINGS AND RESULTS

The NewHome Game was devised to uncover preferred living arrangements for potential elderly persons "who might need a little help" in accomplishing their daily affairs. and to determine their preferred features, unacceptable options and the options which they deem to be "negotiable". Additional objectives were (1) to determine the general profile of those elderly people in the greater Vancouver urban area who might be potential residents in a self-care group home, and (2) to explore the general features that such residential living might imply. As such, the range of potential house design features was less important than were the residential living features of a more day-to-day nature.

The research team developed, refined and pretested the NewHome Game prior to a wide-spread survey of potential clients. In all, the results from 49 protocols are included in this Final Report. These returns were collected by the four research team members and by seven graduate students in an Educational Gerontology course at the University of British Columbia. These 11 individuals collected game protocols and demographic background sheets from 32 respondents; 14 of these 32 responded for themselves as a potential resident, the remaining 18 reported as an advocate for someone else (or more), usually a parent or other relative. Table 3.1 details these figures.

Table 3.1.

Relationships of Respondents to their Clients.

Respondent is the Client's:	N	%
FRIEND	16	32.7
SELF	14	28.6
PARENT	9	18.4
AUNT OR UNCLE	4	8.2
GRANDPARENT	2	4.0
SPOUSE	1	2.0
CHILD	1	2.0
OTHER RELATIVE	1	2.0
NEIGHBOUR	1	2.0
TOTALS	49	99.9

AWARENESS OF SENIORS AT RISK

Respondents were polled on their own awareness of problems often besetting older people as reported in the literature and from the group interviews. The checklist items and responses appear in Figure 3.1. Clearly these same problems also apply to Vancouver residents. Problems such as fear of deteriorating health, family disruptions and worries about being a burden to others are reported by more than half of the respondents. None of the respondents reported that no one among their acquaintences was without at least one such problem. Unfortunately, there was no way to distinguish which of these factors were reported through advocate's impressions or by respondents speaking for themselves, but the figure demonstrates that such problems are far from uncommon.

Figure 3.1

Awareness of Senior Citizens at Potential Risk in the Community

(Percentages of Respondents who replied,
"Yes, they know someone facing such a problem")

		%
Fears Deterioratng Health, Emergency:	********************	59
Faces Recent Family Breakup:	*******************	53
Worries About Being Burden on Others:	*****************	51
Lives Alone; Few Outside Contacts:	***************	45
Can't Clean and Care for Home:	**************	43
Needs Lower Rent or Dwelling Costs:	*************	39
Has Trouble Caring for Frail Person:	************	35
Isn't Eating Good Nutritious Meals:	***********	33
Whose Family Wants in Care Facility:	*******	22
Is Living Unhappily with Family:	***	10
Faces Possible Eviction, Displacment:	***	10
Is Dissatisfied with Neighbourhood:	**	6
Knows No Such Persons:		0

PROFILES OF RESPONDENTS AS POTENTIAL CLIENTS

The 49 clients about whom NewHome Game information was collected ranged in age from 60 to 94 with an average age of 76. Women (61.2%) were more often potential clients than men (38.8%). Their educational levels ranged from high school completion to graduate study completion; the average client had received some post-secondary training. Income levels ranged from $5000 to more than $50,000 annually with a mean income in the $16,000 to $20,000 range, but for about 45% of the clients, the income was not reported to the interviewer. The large majority (88.4%) were currently receiving Old Age Pensions.

For the most part, these clients appear to be healthy, active and independent. Table 3.2 documents their overall circumstances as reported by their advocates in terms of social involvement, health and possible restrictions due to ill-health.

The table also shows that there are surprisingly few differences between clients who report for themselves rather than through their advocates. Seniors speaking for themselves usually claim better health, greater activity and more desire for independence than those who are represented by an advocate.

Clients speaking for themselves were about 6 years younger than people for whom an advocate spoke (77.7 vs. 71.1 years respectively). They were also a bit more likely to be male (47% vs. 34%) and measureably better educated. There were no detectable differences in incomes, however.

Perhaps these differences highlight the advisability of the advocate's role in assisting in the affairs of elderly people as they become older and less able to manage their own affairs and decisions. While one is still among the hale elderly, matters of independence, mobility, health and social activity are taken for granted. In time these younger self-reporters will age and may need the services of someone like the roles they currently occupy -- virtually a form of 'reverse mentoring".

Thus the clients polled for this investigation represent a portion of the elderly who are comparatively fit, healthy, independent and comfortable in their current circumstances -- precisely those for whom supportive housing is targeted, except that most of these respondents report that they are quite comfortable in their current circumstances. The interviewers noted comments during the game which help explain why they make their particular game choices. Repeatedly the respondents commented: "I like it here. My friends and family are nearby" or "I'd move if I had to, but at present, there's no better place for me than right here". Such comments were noticeably more frequent among those respondents who were speaking for themselves; underscoring the observations made during the focus group interviews that people do not readily entertain the idea of moving to more supportive living arrangements until compelled to do so by deteriorating health, increasing frailty or similar circumstances.

Table 3.2
Social Involvement, Health and Medical Conditions

(Figures are COLUMN percentages, and total 100% in each column)

	Advocate %	Self %	Total %	N	sig.
Is client involved in social or community activities?					
No, Not Involved	47.7	7.1	32.7	16	
Yes, A Little	25.7	21.4	24.5	12	
Yes, Actively	31.4	71.4	42.9	21	.021
How would you rate the client's health?					
Occasional Hospitalization	8.8	0.0	6.3	3	
Frequent Medical Attention	20.6	0.0	14.6	7	
Occasional Medical Attention	35.3	21.4	31.3	15	
Good Health	35.3	78.6	47.9	23	.035
Does sickness or ill-health cause the client to cut down on usual activities?					
No	57.1	71.4	61.2	30	
Yes	42.9	28.6	38.8	19	ns
Does the client require assistance for any of the following activities?					
Housekeeping	54.3	35.7	49.0	24	ns
Transportation	40.0	14.3	32.7	13	ns
Cooking	25.7	28.6	26.5	13	ns
Shopping	34.3	14.3	28.6	14	ns
Personal Care	8.6	14.3	10.2	5	ns
Communicating in English	0.0	7.1	2.0	1	ns
Are these amenities available in your client's neighbourhood...?					
Shops	88.6	100.0	91.8	24	ns
Health Care	85.7	85.7	85.7	42	ns
Recreation	82.9	92.9	85.7	42	ns
Church / Temple	88.6	100.0	91.8	45	ns
Transportation	88.6	100.0	91.8	45	ns
Client's current home is...?					
Hi Rise	14.3	2.0	16.3	8	
Lo Rise	20.4	2.0	22.4	11	
Condominium	4.1	0.0	4.1	2	
Single Family Detached	24.5	22.4	46.9	23	
Semi Detached	4.1	2.0	6.1	3	ns
Tenure in the current home is...?					
Home Owner	28.6	20.4	49.0	24	
Rental	34.7	6.1	40.8	20	
Condo Owner	4.1	2.0	6.1	3	
Shares in Co-Operative	2.0	0.0	2.0	1	
Other	2.0	0.0	2.0	1	ns

RULES OF THE GAME

The rules for playing the NewHome Game are the sources of its high informational yield. Each player-respondent examined the "Elderly-at-Risk" cards and indicated (by name) anyone who fit each description. Then players sorted through the 20 Housing Features Cards to get an overview of the topics to be examined. A Feature Card was selected at random and the player indicated which of the options were the "best" and the "worst" for the potential resident (or himself in about a third of the instances). The "worst" option was withdrawn from play and the turn continued with the remaining options. At this point, the respondent could eliminate one additional "undesirable" option by "spending" one blue stick-on dot to "veto" the option; two more dots to veto yet another option. But since the game began with only 8 veto dots to "spend", players had to use their veto dots carefully. If two or three of the options were equally acceptable to the player, s/he rolled a die to allow "management" to decide the option. Each time a player accepted "management's choice" s/he "earned" two additional veto dots. Thus it was sometimes advantageous to "go along with management". After all 20 cards had been "played" and an option for each negotiated, the player could review all previous choices and make end-of-game adjustments by "over-ruling management's choice", but this was costly; and the player had to spend 3 veto dots to over-rule each managment choice. Thus the game proceeded by elimination of undesirable options (at a price), rather than accumulation of desirable ones. The scoring sheet recorded the players actions at each turn of the game, thus yielding a permanent record for subsequent computer analysis (See Appendix F).

PREFERRED FEATURES

The NewHome Game consisted of 20 features, each with 4 to 7 options. While playing the game, the respondents considered each of the features (in deliberately randomized order) and, for each item, identified the "best and worst" option for their client. They were instructed to select the option which would be in the best interests of their client (or themselves, where respondents spoke for themselves), even if a particular instance might not be what the client might think s/he most wanted. As before, the features and respective options were subsequently summarized under the headings of Sharing, Social Relations, Physical Features and Services. For 17 of the 20 features a clear and strongly preferred option emerged. They contain the common themes of continuing independence and autonomy, free and unregulated access to the residence and its amenities, active and shared social life among the residents and a small size facility housing some 3-9 residents.

Again, statistical procedures tested for any differences between people who spoke on their own behalf and or were represented by an advocate. For all but two features there were no differences. Where differences did exist, the respondents speaking for themselves preferred the more independent options. For example, advocates suggested that monthly rentals would be preferred, but seniors speaking for themselves preferred ownership or cooperative arrangements; they also opted more often to clean their own rooms whereas advocates commonly suggested contracted cleaning services. In terms of storage, self-reporters wanted two large closets in their private quarters, but advocates thought one closet and lockable storage would suffice. The figures which follow detail respondents' preferences feature-by-feature and option-by-option for the most-preferred choice.

Table 3.3

Most Preferred Options for Twenty Supportive Housing Features
Percentages of Advocates (%A), Self Selection (%S) and Totals (%T)

%A	%S	%T	sig.	**Sharing**
46	54	48	ns	Taking part in residence decision-making.
71	75	72	ns	Free use of a shared kitchen.
34	30	33	ns	Volunteering to share in home maintenance.
56	62	57	ns	A small (3 - 9 person) residence.
34	50	39	ns	Shared entrance, kitchen, dining and activity rooms.
				Social Relations
54	85	62	ns	Open door policy for outside activities.
79	92	83	ns	Residents selected for compatibility, not age/sex.
62	54	60	ns	Rules about visitors guided by common social courtesies
51	50	51	ns	Much social life and activity; planned and informal.
31	38	33	ns	*Mutual exchange of skills and interests among residents
				Physical Features
60	42	55	ns	One big closet with locked storage elsewhere.
31	36	33	.03	*Monthly rent which excludes meal costs.
42	36	40	ns	Residents to provide their own furniture and decorating
68	71	69	ns	Private quarters: Sitting Rm, Bedrm, Full Bath, Kitchen
82	57	75	ns	Located in the same neighbourhood currently living in.
				Services for Residents
37	38	37	ns	Own meal arrangements OR family-style shared dining.
69	36	59	.04	*Regular contracted cleaning services for resident rooms
28	64	39	ns	Personal shopping by own arrangements.
51	21	43	ns	Transportation by scheduled drivers.
41	50	43	ns	Owner/Resident management and building operation.

UNACCEPTABLE FEATURES

For most features of the NewHome Game, the options which were judged as unacceptable by the respondents were as clear and as prominent as the preferred features. The figure in Appendix E reports the options which were most preferred, most unacceptable and designates the options that are the Abbeyfield policy.

About half the time, (in 9 of the 20 features), the unacceptable option was also the least preferred one; and for another 7 features the unacceptable options shows a low (but not least) preference. The more interesting instances occur when a option for a particular feature is nominated as both "preferred" and "unacceptable" by large fractions of the respondents. There are three clear occurrences of this: all under the Services heading.

Arrangements for Meals, Help with Cleaning, Assistance with Shopping and Transportation Services all show a single option as being both most preferred and most unacceptable. There are two possible explanations: (1) there are two (or more) classes of respondents who have differing needs and expectations as reflected in their seemingly contradictory endorsements or (2) the respondents were unclear on the concept in question and offered inconsistent answers.

The first explanation probably holds for (a) making all one's own meal arrangements, (b) making one's own shopping arrangements, and (c) scheduled drives for transportation services. Those who need the assistance clearly report the fact, while those who are independent prefer to make their own arrangements. The people wishing to make their own shopping arrangements are also those who prefer using their own automobiles. During one's hale elderly years, this is understandable, but as residents age in place, use of an own automobile may become impractical. Table 3.4 shows the options most often judged as "unacceptable" and the percentages of respondents so reporting.

Table 3.4

Most Unacceptable Options for Twenty Supportive Housing Features
Percentages Judging the Option to be Unacceptable for Their Client

%	
	Sharing the Residence
69	Decisions: Participation is not encouraged.
78	Shared Kitchen: No access to a common kitchen.
50	Maintenance: Help is expected in maintaining home.
88	Size of Home: 100 or more persons in the home.
57	Shared Spaces: Shared entrance only.
	Social Relationships
67	Rules: Regulated outing times.
47	Resident Selection: Income assistance only.
73	Visitors: Set visiting hours.
41	Companionship: Little social life.
43	Mutual Help: Mutual help is not expected.
	Physical Features
57	Storage: One big closet in own rooms.
39	Tenure: Owns own unit and pays monthly maintenance.
63	Furnishings: Furniture provided for everyone.
88	Private Quarters: Bed sitting room and full bath.
55	Location: In a distant city, but near family
	Services for Residents
43	Meals: Making all one's own meals.
69	Cleaning: No help provided to clean one's rooms.
39	Shopping: No Help provided with shopping.
35	Transportation: Own automobile.
49	Building Operator: Government Agency

"NEGOTIABLE" OPTIONS

As is the case in "real life", the realm of the practical usually lies somewhere between that which is "most preferred" and that which is "wholly unacceptable". The Game options that were neither ideal, nor unreasonable were those options about which respondents were willing to negotiate, or to accept the edict of "management". Some respondents commented that rolling dice to determine management choice was about as true-to-life as many management bureaucracies really are; others objected to its arbitrariness.

Where respondents were willing to "spend" their blue dot vetos to gain a more preferred option, the reasons were usually idiosyncratic and particular to the respondent or client's own circumstances. Clearly, such individ-ualized reasonings can have no "common consensus", except perhaps in very large samples of respondents. Table 3.5 shows the issues and features about which respondents were willing to negotiate. The figures show the total numbers of 'vetos' respondents were willing to 'spend' to reject an option or to over-ride a 'management decision' to secure their preferred option on each of the 20 supportive housing features. The more total vetos spent, the more the respondents were insisting that certain options were unacceptable and they were demanding to "have it my way".

Table 3.5

Negotiability Measures for Twenty Supportive Housing Features

Number of Vetos	
	Sharing the Residence
50	Taking Part in Residence Decisions.
60	Use of a Shared Kitchen.
38	Share in Running and Maintaining the Home.
64	Number of Residents Sharing the Home.
46	Shared Spaces in the Building.
	Social Relationships
52	Rules for Outside Activities.
65	Selection of Residents is Limited to...
44	Rules about Visitors.
40	Opportunities for Companionship.
25	Mutual Help among Residents.
	Physical Features
53	Personal Storage.
90	Tenure: Owning or Renting.
56	Furnishings in One's Private Quarters.
150	Private Quarters: Rooms, Bath and Kitchen Facilities?
58	Location of the Residence.
	Services for Residents
55	Arrangements for Meals.
43	Help with Cleaning Own Rooms.
42	Assistance with Personal Shopping.
34	Transportation Services.
43	Building Operator or Manager.

Respondents "spent" their blue veto dots cautiously; and only rarely did they spend the three required to over-ride management choices. Just over half of the 102 total options ever received an over-ride, and then usually by only one or two respondents. The issues on which three or more respondents felt strongly enough to over-ride management choice centered on residents personal living quarters and on meal arrangements--obviously issues central to daily living. The trade-offs and "management over-rides" which the NewHome Game necessitates are part of its advantage over standard questionnaire surveys, since potential residents' ideosyncracies are preserved rather than rendered "reductionistic" as some critics have hinted.

Table 3.6 summarizes the overall results for the 88 housing and lifestyle options. The options for which respondents were willing to use their vetoes or to over-ride "management's choice" to ensure a desirable feature are shown in the right-most columns of the table.

Table 3.6

Summary Results for 88 Supportive Housing Options
(Figures are percentages of 49 NewHome Game Respondents)

	Most Pref	Most Unac	Acpt Indf	Mgmt Choice	# Veto			Over Ride
					1	2	3	
TAKING PART IN RESIDENCE DECISIONS								
DECISIONS NOT ENCOURAGED	10	69	14	--	16	--	--	--
OCCASIONAL SUGGESTIONS CONSIDERED	18	--	39	14	39	4	--	4
ENCOURAGED FOR CERTAIN ACTIVITIES	22	2	55	29	10	4	--	--
EXPECTED AND ENCOURAGED ALWAYS	48	24	22	39	12	--	--	--
USE OF A SHARED KITCHEN								
NO ACCESS	4	77	14	4	2	--	--	2
ALLOWED ON SPECIAL OCCASIONS	6	--	27	14	57	2	--	--
ALLOWED AT SCHEDULED TIMES	17	4	49	25	6	12	--	4
CAN BE FREELY USED	72	12	35	47	6	--	--	--
SHARE IN RUNNING & MAINTAINING HOME								
NO HELP EXPECTED	25	35	25	20	12	2	--	2
MAY VOLUNTEER HELP	33	2	30	24	12	--	--	--
HELP IS ENCOURAGED	31	4	50	31	12	4	--	--
HELP IS EXPECTED	10	49	18	16	12	21	--	2
NUMBER OF RESIDENTS SHARING HOME								
3 - 9 PERSONS	57	10	41	40	6	2	--	--
10 -35 PERSONS	32	--	37	39	6	16	2	--
36 - 99 PERSONS	8	2	26	4	59	8	--	--
100 OR MORE PERSONS	2	88	6	2	4	--	--	--
SHARED SPACES IN THE BUILDING								
SHARED ENTRANCE ONLY	20	57	22	12	8	--	--	--
SHARED ENTRANCE AND LOUNGE	14	--	45	18	29	4	2	2
SHARED ENTRANCE, LOUNGE & DINING	26	--	41	39	14	4	2	--
SHRD ENTRNC, DINING, KTCHN, ACTVTY	39	43	31	20	4	2	--	--

Table 3.6 (Continued)
Summary Results for 88 Supportive Housing Options

	Most Pref	Most Unac	Acpt Indf	Mgmt Choice	# Veto 1	# Veto 2	# Veto 3	Over Ride
RULES FOR OUTSIDE ACTIVITIES								
OUTING TIMES REGULATED	--	67	2	2	24	2	--	2
TAILORED TO INDIVIDUAL NEED	20	2	43	33	16	2	2	2
SIGN OUT - SIGN IN	18	16	41	20	18	4	--	--
OPEN DOOR POLICY	62	14	39	39	6	--	--	2
SELECTION OF RESIDENTS LIMITED TO..								
PERSONS ON INCOME ASSISTANCE ONLY	4	47	22	4	14	4	2	6
PERSONS OVER A CERTAIN AGE	6	2	49	31	10	2	--	6
PERSONS WIDOWED OR SINGLE	2	4	55	20	10	8	--	2
ALL MEN OR ALL WOMEN	4	41	29	6	16	6	--	2
ANYONE WHO IS COMPATIBLE	83	--	78	20	2	--	--	--
RULES ABOUT VISITORS								
SET VISITING TIMES	4	74	14	2	10	--	--	--
SET NUMBER AT ONE TIME	2	4	29	8	55	2	2	--
LIMITED ACTIVITIES	--	8	47	10	8	26	--	--
COMMON COURTESY ONLY	60	2	47	45	2	2	2	--
OVERNIGHT ACCOMODATIONS PROVIDED	33	8	63	26	2	--	--	--
OPPORTUNITIES FOR COMPANIONSHIP								
COMMON COURTESY, LITTLE SOCL LIFE	21	41	22	26	8	--	--	2
A FEW SCHEDULED ACTIVITIES	15	14	49	16	14	4	--	2
MANY SCHEDULED SOCIAL ACTIVITIES	12	20	41	18	20	--	--	--
MUCH INFORMAL SOCIAL LIFE	51	18	43	31	4	2	2	--
MUTUAL HELP AMONG RESIDENTS								
NOT EXPECTED	21	42	26	22	8	--	--	--
SOME TIMES	33	2	61	20	12	2	--	2
PLANNED BUDDY SYSTEM	12	26	49	20	4	--	--	--
EXCHANGE COMPLEMENTARY INTERESTS	33	24	37	22	16	--	--	--
PERSONAL STORAGE								
ONE BIG CLOSET, OWN ROOMS	6	57	16	6	14	--	--	6
OWN BIG CLOSET, SHARED STORAGE	4	26	37	16	12	4	2	2
2 BIG CLOSETS, OWN ROOMS	35	8	41	35	8	2	2	4
1 BIG CLOSET OWN ROOMS, & LOCK-UP	55	8	53	33	2	2	--	2
TENURE: OWNING OR RENTING								
MONTHLY RENT	33	22	37	26	8	2	2	2
RENT + SHARED MEAL COSTS	26	6	37	20	26	8	--	2
CO-OP OWNER & REDUCED RENT	14	14	47	18	8	8	2	2
OWNS UNIT & MAINTENANCE CHARGES	16	16	37	16	25	2	--	4
OWNS UNIT, MAINTNC & SHRD MEAL COST	10	39	35	6	10	8	--	2
FURNISHING OWN PRIVATE ROOMS								
FURNITURE PROVIDED	6	63	16	6	8	--	4	2
FURNITURE PROVIDED IF NEEDED	29	2	43	32	14	6	--	2
RESIDENTS PROVIDE OWN FURNITURE	22	6	43	22	14	6	4	4
RESDNTS PROVIDE FURNTR & DECORTNG	42	29	39	29	4	--	--	--

Table 3.6 (Continued)

Summary Results for 88 Supportive Housing Options

	Most Pref	Most Unac	Acpt Indf	Mgmt Choice	# Veto			Over Ride
					1	2	3	
OWN PRIVATE SPACE								
BEDSITTING, PLUS HALF BATH	--	88	4	2	6	--	--	--
BEDSITTING PLUS FULL BATH	2	--	39	6	37	14	4	--
BEDSITTR, HALF BATH & KITCHENETTE	2	4	43	4	20	24	2	2
BEDSITTR, FULL BATH & KITCHENETTE	10	--	65	14	4	10	4	2
SITTING, BEDROOM & HALF BATH	2	4	31	8	19	33	2	4
SITTING, BEDRM & FULL BATH	14	2	74	12	4	2	--	6
SITTING, BEDRM, BATH, KITCHENETTE	69	--	55	41	4	--	--	--
LOCATION OF THE RESIDENCE								
IN HOME NEIGHBOURHOOD	76	8	43	43	4	--	--	2
IN SAME CITY	16	2	43	33	10	4	2	4
IN NEARBY TOWN	2	31	20	2	39	6	--	2
IN DISTANT CITY, NEAR FAMILY	6	55	20	10	14	--	--	--
ARRANGEMENTS FOR MEALS								
OWN ARRANGEMENTS FOR ALL MEALS	33	35	43	12	8	--	--	2
ONE MEAL DAILY IN OWN ROOM	12	26	35	12	22	--	2	2
RESTAURANT STYLE MEALS DAILY	16	16	39	26	10	2	--	6
FAMILY STYLE MEALS SHARED DAILY	39	18	29	35	12	--	2	4
HELP WITH CLEANING OWN ROOMS								
NO HELP PROVIDED	14	69	12	10	6	--	--	2
HIRED HELP BY ARRANGEMENT	14	4	63	22	4	2	2	2
OCCASIONAL VOLUNTEER HOMEMAKERS	12	18	31	14	33	--	--	4
REGULAR CONTRACT CLEANING PROVIDED	59	8	41	44	4	--	--	2
ASSISTANCE WITH PERSONAL SHOPPING								
NO HELP, OWN ARRANGEMENTS	39	39	41	12	6	--	--	2
ARRNGD INFORMAL W/OTHER RESIDENTS	10	10	39	22	22	--	2	4
VOLUNTEER ASSISTNC BY ARRANGEMENT	18	18	47	22	8	--	--	2
REGULAR SCHEDULED SHOPPING TRIPS	33	31	26	33	6	--	2	2
TRANSPORTATION SERVICES								
PUBLIC BUS NEARBY	22	33	29	14	16	8	--	--
OWN AUTOMOBILE	25	16	49	18	14	2	--	--
BY ARRANGEMENT W/VOLUNTEER DRIVERS	10	4	35	47	10	2	--	2
REGULAR SCHEDULED SERVICE PROVIDED	43	44	33	10	10	--	--	2
BUILDING OPERATOR OR MANAGER.								
PRIVATE COMPANY	17	16	49	18	14	--	2	--
OWNER-RESIDENTS	44	35	43	10	6	--	2	4
CHARITABLE NON-PROFIT SOCIETY	33	37	35	18	8	--	2	--
GOVERNMENT AGENCY	6	10	37	43	10	--	--	--

SUMMARY

This simulation exercise in making decisions about supportive housing has provided some early planning guidelines for optimal arrangements of physical facilities and services for a self-care group living residence. Also importantly, it has provided a tool for examining the preferences of potential residents (or their families who must be involved in the decision-making) in other urban centres in Canada. The investigation has suggested broad recommendations for housing and lifestyle features and had identified the sub-options which people will want to negotiate where local conditions, financing and resident preferences can be accommodated. The respondents' results also confirm that the seven "definers" of supportive housing are also the Vancouver preferences, thus corroborating a refined set of guidelines for planning a network of such supportive homes for Canada's communities.

The NewHome Game has demonstrated its effectiveness as a mechanism for collecting information about prospective residents' preferences for supportive housing facilities and arrangements. It improves on standard questionnare methods in several ways: In about one hour's time, it elicits preferences initially unrestricted by affordability, then guides its respondents through cycles of bargaining and trading off less important options against more critical ones -- all the while ensuring that an individual's own preferences are encouraged and preserved as the basic data. It allows decisions about housing preferences to be compared against their age, sex, education, health and mobility measures and income; and tests whether seniors speaking for themselves differ from persons acting as their advocates in their decision-making strategies and housing preferences.

There is much more work to be done on- and with the NewHome Game. There are refinements possible to the game's rules and strategy. Perhaps the pay-offs are still too high -- people seemed to be able to 'earn' too many vetos to spend ensuring their preferred options, and some people completed the game with blue veto dots still unused. To be rigorously analyzed, there should be protocols from 500 or more respondents, and standard statistical game-analysis procedures should be employed once the numbers warrant. More different kinds of seniors should be included as "players"; couples, caretakers, more old-elderly, persons with mobility problems, and certainly a selection of people already living in supportive housing circumstances. Perhaps people living in other forms of assisted independent housing and in institutions elsewhere in Canada and in various congregate housing developments in the U.S. can be recruited as participants as well.

PART IV

ISSUES AND IMPLICATIONS

PART IV - ISSUES AND IMPLICATIONS

4.1 The Organization
4.2 Community Context
4.3 Residents and Personnel
4.4 Design
4.5 Costs and Affordability
4.6 Continuity

INTRODUCTION

The results of this study indicate that "supportive housing" is less a housing type and more a concept which is better described as a lifestyle than as a building. Its essential characteristics are that it fosters a lifestyle that requires companionship (to relieve loneliness), mutual support (to reinforce the sense of self-worth), and choice (to preserve independence). Furthermore, the concept has several consistent character-istics which can conform to the residents' needs and can contribute to the positive qualities of residential life. The 7 characteristics which consistently emerge and which therefore define the supportive housing concept are these:

1. Supportive Housing is small scale and not complex or cumbersome to manage.

2. Residents in supportive housing are actively involved in their neighbourhoods and communities so that a sense of belonging is maintained.

3. Supportive housing units have a support organization that provides continuity, usually through ownership, has legal responsibility for that house, gives administrative support, and supplies volunteer help as needed.

4. Supportive housing provides a home context for a family lifestyle, with mutual and interdependent support, care, and enjoyment among the residents.

5. There is a resident "house person" to oversee the preparation of meals and general operation of the home.

6. Supportive housing provides private space for exclusive use of each resident and shared space for all to use as desired and with consideration for the others.

7. Supportive housing units are financially self sustaining and non-profit.

The remainder of this Final Report summarizes the issues and findings uncovered in literature reviews and in direct interviews with potential residents in terms of Organization, Community Context, Residents and Personnel, Design, Costs and Affordability, and the need for Continuity.

Organization

The examples studied and cited in this report represent two different approaches to the organizational structure of supportive housing, the Abbeyfield model and the congregate housing model. Following years of refinement, the Abbeyfield Society has developed guidelines to which all local Abbeyfield societies must adhere. The name Abbeyfield is enfranchised and has become widely known as 'small family style homes for the elderly'. The Societies provide for the continuity of support for their homes even though each local society operating one or more homes is quite autonomous.

In the United States, small congregate homes have been developed in response to local need and commitment. Backup support for the homes has been available for the most part through locally established organizations such as mainstream churches. At the national level, there are support organizations that provide information, research, network, and lobby services for the elderly and for those who provide many forms of seniors' housing.

The two approaches to structuring and organizing supportive housing suggest differing emphases. The affiliated societies of the Abbeyfield homes projects a particular image of a home that is consistent and recognizable based on mutually accepted sets of guidelines; whereas the emphasis in congregate housing is more idiosyncratic. It is built on the idea of cooperative relations with the local community and of accommodating the independence of residents through their involvement with management and operation planning. In Vancouver and in British Columbia, prospective sponsor groups are investigating both options.

Community Context

There is agreement from the examples studied for this report, from the research on the elderly over many years, and from the interviews carried out in this study that the home neighbourhood is the most desirable location for supportive housing for seniors. In British Columbia, 84% of the over-65 population lives in urban centres where the services they require are near at hand. Thus urban centres must look to adjustments in their own regulations and service agencies in order to accommodate the growing proportions of seniors in a manner appropriate to their individual needs.

Suitable locations for supportive home sites with nearby services and favourable terrains are limited in the pilot study areas. The older communities near Vancouver's inner city tend to have small lots and few big houses that could be redeveloped. Therefore, supportive homes would probably need two lots in the older communities, or would need to be located city sectors where lots are larger and land prices are relatively higher. In single family areas where suitable larger homes might be located, protecting the existing character of the neighbourhood is a primary issue. Gaining support of the local residents is important and should be an early step in the planning process.

In the field study of the two Vancouver pilot areas, certain aspects of the neighbourhood and community which would influence the nature of a supportive home were: the ethnic mix, range of local incomes, existing building stocks, the existing lot sizes, current sale prices, and the prevailing local rents. These all help to define the character of the neighbourhood and provide the context and opportunities to develop a supportive home. The local community provides the residents who will live in the home and many of the resources to support it, including volunteer help through the sponsoring organizations. Thus, communities must and do make direct contributions towards solving the housing and social needs of the elderly.

From the City of Vancouver's perspective, the chief issues appear to be technical legal issues, and problems of enforcement. The City is reluctant to establish special regulations for seniors' housing which may be less restrictive about parking or quasi-commercial activities such as restaurant-type communal dining. The City wishes to have some guarantee that the use will be exclusively for seniors, but they are not prepared to risk litigation because of discrimination against non-seniors.

This study has examined supportive housing as a housing alternative for seniors, but there may be others who could benefit from supportive housing as well. Any people who are not quite able to live alone or who need daily non-medical assistance can benefit from supportive housing. The disabled of any age could have their quality of living enhanced through the mutual support of sharing a supportive home. Supportive housing is very like the group homes which Vancouver defines as Special Needs Residential Facilities. Technically, these group homes are "care facilities" where the care component provided under the auspices of the Department of Health or Social Welfare. There is a fine line of distinction that perhaps needs further examination.

In addition to the neighbourhood circumstances are local zoning by-laws which establish the developments permitted in a neighbourhood. In the course of this study, we discovered that the zoning and changes to the zoning by-laws govern the opportunities for non-profit housing developments. At a stroke, changes in zoning regulations can alter conditions to enhance or cancel an opportunity.

Residents and Personnel

Earlier attitudes towards the elderly which were based on biological considerations had led to an assumption that old age is accompanied by a state of diminishing competence and ability to function. More recent studies in gerontology have looked at the conditions of aging from social and psychological points of view.

The elderly function competently in the perspectives of their own life experience: It is important to maintain the distinction between capabilities and performance and to remember that the elderly are quite capable but may not always perform according to contemporary methods in terms of current imagery. "Deficiencies" may really be "differences". The elderly are "different" specifically in that they tend to be more cautious, less risk taking, and therefore proceed more slowly.

There is as much variability among the older people as among younger groups, although certain characteristics for older age groups have been documented. Old age is often a period of looking back either with integrity and satisfaction with the lifework or with despair and regret at things not accomplished. Old age is a period of inward examination and increasing dedication to a central core of values and beliefs. The quality of life during the remaining years for the elderly includes a sense of self worth: The life view changes reference from 'the time lived so far' to 'the time yet to live'. It is reasonable that this time should hold the prospect of worthwhile accomplishment.

The elderly have reached a stage of greater freedom, fewer worries and responsibilities, but also where activities become more limited and health becomes more frail. The chief worries tend to be about giving up the home and being institutionalized. Age identification is likely to be accelerate the aging process. Perception of oneself as 'old' has been found to produce changes that are associated with aging. Retirement can reinforce the syndrome because by tradition, retirement is socially defined and equated to the lack of fitness to work.

The elderly derive much help with aging from their friendships with peers and they rate the quality of their relationships with friends very highly. Friendships help "becoming old"; but as age advances, it becomes more difficult to maintain friendships because of decreased mobility and death among peers. Loneliness derives in part from decreased mobility, shrinking income, and failing health. Loneliness is likely to be more related to perceived loss of control over contacts than to the physical situation of living alone.

Some elderly do need help in the daily living activities that can be provided in a supportive home setting. In Connidis' survey (1987), it was evident that most of the elderly are quite able to look after themselves, but the additional services they might need in the future were supports for routine needs such as household chores, grocery shopping, and medical care. Marshall (1987) reported that most of the supports provided for those needing care were related to activities of daily living: rising and going to bed, daily personal hygiene, walking around inside the house, bathing, and shopping in summer. Need for help in at least one of these areas is reported by approximately 1/3 of the people over the age of 75. Marshall also reported that where a man displayed these needs, the care most always occurred at home and was delivered by his wife. Elderly women with similar needs are usually widows who have no spouse to provide support; they are the chief candidates for supportive housing.

The interviews with the elderly in this pilot study confirmed the British and American findings on several points: (1) these elderly are not in the least inclined to see themselves as needing to move into a more supportive housing situation; (2) any kind of special senior housing is perceived to be an ever greater threat as aging occurs; (3) a move to an "old age home" will deprive them of independence and dignity, so that...(4) they therefore withdraw from choosing to change their housing at all; and (5) introducing a supportive housing concept which is rarely part of their personal experience is met with difficulties in understanding and acceptance. How best to convey the idea of supportive housing and how to formulate it in a non-threatening manner is a critical issue at this stage in Canada's housing policies and requires a strong educational thrust. Part of that education will require familiarizing the elderly and their advocates that supportive housing "need not be forever" and that people who need a period of support can live with a group of their peers for a time, then move out and into other housing arrangements. Similarly, people are free to experiment with a test period in a supportive home before committing to the longer-term. Many homes use their overnight suites for trial periods for prospective residents.

The Vancouver survey confirmed the fundamental importance of "perceived independence" to the elderly. They want and need the support of services that are typically available in supportive homes, and yet they want "independence" according to their own interpretation of it. Mollica and Walsh have both suggested that choice is the key to perceived independence. The same issue for the semi-dependent elderly needs to be clarified as well.

Further basic research is required to better understand the real needs of the elderly in a particular community, to encourage of the elderly to pre-think their own eventual needs, and to extend individual and community awareness of the sheltered housing concept. Possible sources for focused research projects include the local care-giving agencies, service groups, and volunteer organizations.

In our interviews and housing simulation game, we found that our respondents endorsed those supportive housing aspects such as sharing the facilities and social relationships among residents. They were somewhat heterogeneous in their ideas about the desirable levels of service such as cleaning their private rooms, shopping, transportation. Vancouver respondents departed from the Abbeyfield concept in preferring that the ownership and management of a local home be vested in owner-residents rather than a non-profit society and in preferring more extensive private quarters.

Design

Translating the supportive housing concept into a building must always be a key issue. The major design elements, building forms, and amenities to be provided in the house are issues that will have to be resolved anew for every project. The basic criterion in Australia is "an ordinary house on an ordinary street", and in England that is the general form as well. The small American congregate homes moved into whatever buildings became available, an old school house, part of an apartment building, a former boarding house, as well as larger old homes. There is precedence in all jurisdictions for inventive approaches to the adaptive reuse of existing buildings for supportive housing.

Champagne and Brink (1985) suggested as a criterion that the home should be dynamic and flexible to respond to changes as the residents grow older and are eventually replaced by new residents with differing sets of needs. Another design criterion is that homes be made barrier free for the disabled in order to promote independence and to avoid the "learned helplessness" that can so easily befall the elderly. Abilities that are not used are rapidly lost. The social implications of the design apply particularly to the shared and communal spaces. Vancouver respondents favoured shared activity areas and kitchen that everyone can use, as well as the more usual shared entrance and lobby. The planning of these spaces can contribute to the residents' ability to control social encounters as well offer the opportunity for people within the house to meet and socialize on both formal and informal occasions.

We learned from our interviews that private bedrooms are the first priority for residents private space followed closely by demands for private bathrooms. Overall, the most preferred accommodation was a self-contained apartment with a separate bedroom and full kitchen. The respondents also endorsed the idea of shared family style meals, and that a common kitchen should be available to everyone, as should shared activity spaces. It is not clear whether this represents a misunderstanding of the concept, a conflict in the respondent's own priorities, or merely reflects the common image of a home for an independent adult.

Design criteria for the private spaces in a supportive home also needs a more detailed investigation. There are many examples for the sources that we have studied, including the 2 Abbeyfield houses in British Columbia, where full apartments are not provided, and in some cases, not even a private bathroom. The issue is complicated and links prior experience and housing image to needs, satisfactions and desire. The kinds of spaces that must be provided very much affect a project's affordability and the potential for adapting existing buildings. Providing a complete dwelling unit for each resident severely limits the locations within Vancouver where supportive housing might be developed. Such a home would be classified as a multiple residential building and would not be permitted within the single family zones. Thus the demand for larger units of supportive housing greatly limits the possibility for residents to remaining in their own home community.

Costs and Affordability

The cost calculations in this study made it very clear that there is an affordability gap between publicly funded projects and the incomes necessary for privately funded homes. People with annual incomes below $15,000 qualify for subsidies as residents in social housing, and those with incomes above $25,000 can afford the rents in a privately funded home. The people with annual incomes in the $15,000 to $25,000 range are those who are caught in the "affordability gap" for a supportive housing alternative; their incomes are too high to qualify for subsidies, yet privately funded homes are likely to require incomes more than $25,000. The current system however allows that the marginally impaired can afford to live in a care facility.

The major component which affects supportive housing affordability is property cost. Properties in the east side of Vancouver are consistently cheaper than on the west side so it will be more difficult to house low income westsiders in their own neighbourhoods. On the other hand, there is a much higher percentage of homeownership in Dunbar and these people may be able to stay in their neighbourhood by trading a portion of this equity for a share in a congregate house. There was a small indication of interest in this option.

The range of services that should be available for residents in a supportive home can be partly determined by sampling existing outside service agencies. Service organizations and volunteer groups provide home services such as Meals-on-Wheels and transportation while the provincial government provides Home Support and Home Care Services. These could be made available to individual residents in supportive homes. There are also training programs for seniors helping seniors through counselling services and seniors networks; community and civic activity programs. Indeed, any activities and aging-in-place assistance for individuals can help to make supportive housing an effective and economical alternative to premature institutionalization. The cost-benefit ratios of these alternative need to be analyzed to determine "equal affordability options"

The widespread interest in establishing local Abbeyfield Societies and other similar non-profit groups suggests that such small supported homes for the independent elderly are timely developments in the Canadian social fabric. To ensure its success, all levels of government will need to recognize the concept and become actively committed to supporting its development. One upcoming task is a review of the definitions of key words such as dwelling and family. There needs to be a single, definitive term to designate supportive housing concept (now loosely conveyed with terms like "Abbeyfield" or "congregate") so that one term alone can stand for the concept. Regulations need to be reviewed, and those that act to limit operating flexibility, fix form, and restrict the selection of residents must be re-evaluated to make them consistent with the supportive housing concept.

To be truly successful, the supportive independent living concept needs close cooperation among all agencies which operate in the housing, health, and social service sectors. Interdepartmental and intergovernmental coordination will greatly increase the effective targeting of services and the potential cost-benefit of supportive housing.

In British Columbia, the new system for delivering housing subsidies through proposal calls severely limits the accessibility to these funds for the small volunteer non-profit organizations. Without assistance for front end costs, small volunteer groups cannot afford professional help needed to prepare their proposals. On the other hand, the volunteer service groups with back-up support such as major religious organizations are willing to make valuable contributions to the general social problems of appropriate housing for the elderly.

Supportive housing for the elderly is dependent on reliable on-going support from sponsor groups, from funding sources, and service organizations. As evidenced by the by-law change in Vancouver, changes in government policy and cutbacks in delivery programs could be devastating to vulnerable elderly residents who have diminished ability to adjust to new situations and challenges that upset their lifestyle.

Continuity

From a humanitarian point of view, it is essential that all stakeholders in supportive housing developments understand that these are permanent homes for the residents and that they must be committed to maintaining support for the home. Continuity for these residents has several dimensions, a continuity of lifestyle which maintains their identity and includes the continuity of place and social ties. Continuity in the support that is provided which gives them the security of knowing that their home will be maintained.

There must also be a continuum of health care services for the residents. We have been reminded throughout this study that the needs of the elderly change with time; particularly the services required to maintain physical and mental health. Many people can end their days in a supportive home but for some there will be a need for professional medical care. Under current policy, these people will have to move from supportive homes which do not provide health services. Abbeyfield of England has recognized this need by providing Extra Care Homes where residents from the standard Abbeyfield homes can move within the Abbeyfield community to receive more intensive health services. These homes help to diminish the trauma of the move because their new home is part of their familiar society. In the United States, larger congregate homes and retirement communities often include health services, intermediate care or hospital services as part of the "congregate package." These broad-spectrum services allow people to feel that their choice of housing is indeed permanent and that there are ways to provide for the worse fears of aging, health failure, or displacement from their homes in a supportive, family-like home. Current Canadian policies still result in a fractionated spectrum of care services. Perhaps The Support Home in Surrey, B.C. is the best current example of a facility with can and has changed its function to accomodate the changing needs of its clients. Certainly the concept of flexibility and responsiveness to a continuum of health care needs is reflected in the care delivery structures we studied: Extra Care in the United Kingdom; Extended Care in Australia; and Long Term Care in British Columbia.

Finally, there must be a continuity of history, experience and research on supportive housing in British Columbia and Canada. At present, there are but two Abbeyfield Houses in Canada, but there will doubtless be additional supportive homes -- some Abbeyfield and others -- like The Support Home -- developed according to different interpretations of a general model of assisted independent living. Their problems and success must be carefully documented to ensure that all organization whose mandate includes improved housing for the elderly can benefit from their experiences. There is much yet to do.

APPENDICES

Appendix A.

American Congregate Housing Application Forms

1. Boston Aging Concerns
   Application Forms for Two Homes
   Fourteen or twenty-three Residents
2. Trilling House
   HUD Funded for 120 Residents

APPLICATION FOR:
(check one)
___Shared Living House
___Mary Delay House
___Both

RETURN COMPLETED APPLICATION TO:
Boston Aging Concerns--Young and Old United, Inc.
67 Newbury Street
Boston, MA 02116
(617)266-2257

1. Name:________________________________ Date:____________________

Present Address:__________________________ Date of Birth:____________________

____ Sex:____________________

Phone: a) home:____________________
B) work:____________________

2. What have been your two previous housing situations?

a)____

When did you live there? from:________________ to:________________

b)____

When did you live there? from:________________ to:________________

3. Have you ever had any experience living with a group of people other than your family?

________________. If so, describe the situation:________________________

____

4. Would you have a problem with other residents smoking, drinking in moderation, or owning pets?________________________________

5. Do you smoke, drink in moderation, or have a pet?____________________

6. How do you feel about having limits set to control smoking, drinking and keeping pets?

____

7. What medical care have you needed in the past two years?____________________

____

____

8. What doctor or clinic do you go to regularly?____________________

9. Do you have any health problem? If so, please explain:____________________

____

10. Do you have any dietary restrictions? If so, please explain____________________

____

11. Do you have a deteriorating health problem?__________If so, please explain:______

____

12. If you have answered "yes" to questions 7, 8, 9, 10, or 11, please sign the medical release form below:

I give the Resident Selection Committee my permission to

contact (medical person)______________________________

(phone)________________ concerning my condition.

SIGNED________________________

DATE________________________

13. Do you need help in any of these areas?

Personal hygiene______________________

Cooking______________________

Feeding______________________

Laundry______________________

Shopping______________________

Taking own medication______________________

If so, how are these needs met?______________________________________

____

14. Can you walk easily?________________ Can you climb stairs?________________

15. How would you describe your current state of health?

a) Physical____

b) Mental____

16. What community involvement, hobbies and activities do you have?________________

____

____

17. Please describe your primary occupation or what you do with your day if not working:

____

____

18. If you are retired, please describe what you did formerly:____________________

____

19. Have you ever had a problem with: Alcohol?_____________________________

[redacted] Drugs?_____________. If you answered yes to either or both of these,

please describe the treatment you have received:_________________________

____

____

20. What do you pay now in monthly rent, including heat and utilities?___________

21. What is your monthly income* and what is its source?_____________________

____

____

[redacted] 22.

Declaration of Income

Rent levels in the house will range from approximately $150 to $325 per month. (This figure includes heat and all utilities). We are committed to making 70% of the units available to people more than 55 years of age and 70% available for people of modest income. Therefore, we are asking each applicant to complete and sign the following declaration of income. This declaration is necessary for our compliance with the regulations of certain funding sources. (Please note that there will be rooms available for people both above and below the annual income level and above and below the age of 55 years. The income level is [redacted] #18,100 per year).

[redacted] I,______________________________declare my annual income* is above/below (circle one) [redacted] #18,100 Under penalty of disqualification from either house, this information is correct to the best of my knowledge and belief.

SIGNED___________________________________

DATE_____________________________________

[redacted] *income here includes: wages, social security, supplemental security income, pension, interest and/or dividends and gifts.

23. Please provide a current reference in each of the following categories:

a) Category: Landlord, or if none, creditor:

Name______________________________Phone___________________________

Address____

b) Category: Health care professional, social worker, or minister (circle one)

[redacted] Name______________________________Phone___________________________

Address____

c) Category: Employer, recent employer (last five years), or if none, neighbor, or friend (circle one)

NAME______________________________Phone___________________________

ADDRESS____

23.5 How did you hear about the Shared Living House and/or the Mary Delay House?

24. Why do you wish to relocate and what about our program(s) appeals to you?

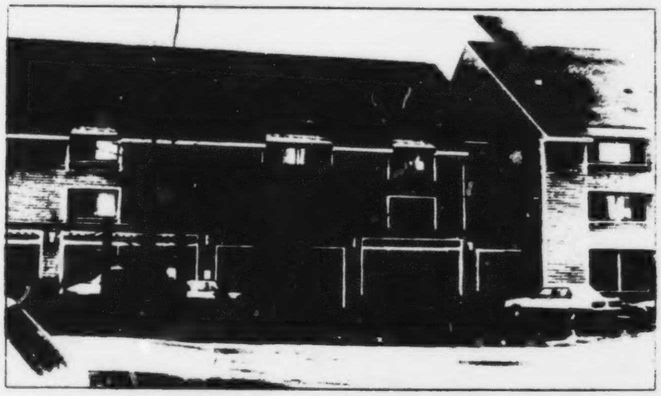
25. If your application is accepted, how soon could you move in?

26. Is there anything else you would like us to know about yourself? (use space below if need

I declare that the information in this application is correct to the best of my knowledge

SIGNED:

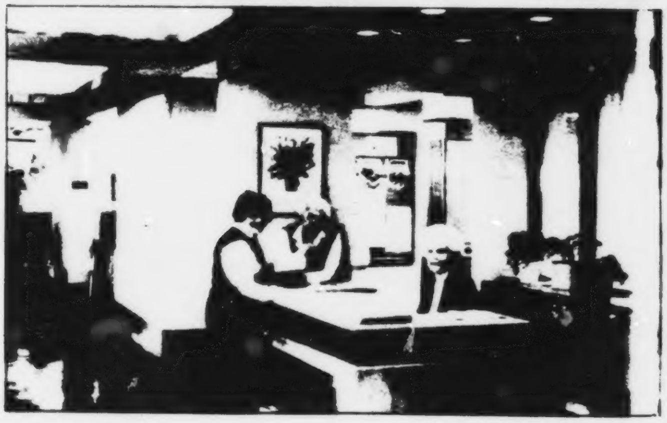
DATE:



Trilling House

Lounge Areas

Reception hosted
by Residents



TRILLING HOUSE APPLICATION FORM

Application Number

Today's Date

Return this form to:

Goldie & Louis Trilling House
640 North Main Street
Randolph, MA 02368

Return this form by:

FOR AN APPLICATION TO BE ACCEPTED AND PROCESSED, THIS FORM MUST BE COMPLETED IN FULL. IT IS YOUR RESPONSIBILITY.

FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN YOUR NAME EITHER BEING REMOVED FROM THE APPLICANT LIST OR PLACED AT THE END OF THE LIST.

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED FULLY AND HONESTLY. THIS INFORMATION WILL BE VALIDATED PRIOR TO AN APPLICANT BEING OFFERED AN APARTMENT AT TRILLING HOUSE.

IF INFORMATION IS FOUND TO BE INCORRECT THIS COULD RESULT IN YOUR APPLICATION BEING PLACED AT THE END OF THE WAITING LIST.

IF YOU HAVE ANY QUESTIONS OR PROBLEMS IN FILLING OUT THIS FORM, PLEASE CALL 986-8880 FOR HELP. CALLS ARE ACCEPTED BETWEEN 9:30 A.M. AND 2:30 P.M. MONDAY THROUGH THURSDAY.

REMINDER: TO PREVENT DELAYS IN PROCESSING, PLEASE DOUBLE CHECK THE INFORMATION YOU HAVE PROVIDED IN THIS ENTIRE APPLICATION AND MAIL BACK AT ONCE. THANK YOU.

PROVIDE THE FOLLOWING FOR THE TENANT WHO WOULD SIGN THE LEASE

First Name ______________ Middle Initial ___ Last Name ______________

Home Address (number and street) ____________________________

City or Town __________________ State ______ ZIP ________

____ - ____ - ______ Telephone No.

____ - ____ - ______ Your Social Security Number

____ - ____ - ______ Your Medicare Number

__________________ Your Medicaid Number

Describe Your Present Living Situation:

☐ 1-Lives Alone
☐ 4-Lives With Non-Relatives
☐ 7-Lives With Brother/Sister
☐ 2-Lives With Spouse
☐ 5-In a Nursing Home or other Long Term Care Facility
☐ 8-Lives With Spouse and Child
☐ 3-Lives With Child
☐ 6-In a Hospital

Age in years ______

Date of Birth ______________

Sex _____(F) _____ (M)

Disabled ☐ Yes ☐ No

IF DISABLED - additional explanation section, be as specific as possible -- include Documentation of Social Security or SSI Disability Status.

Minority Group:

☐ White/non-minority
☐ Spanish American
☐ Negro/Black
☐ Oriental
☐ American Indian
☐ Other

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Revised: CZ - 5-23-85
Revised: JM,LC,CZ,EG 2-25-86

In your own words, why do you want to live at Trilling House?
BE AS SPECIFIC AS POSSIBLE

PROVIDE THE FOLLOWING IF ANOTHER PERSON WOULD BE MOVING IN WITH YOU

First Name ____________ Middle Initial ___ Last Name ____________

Home Address (number and street) ____________

City or Town ____________ State ________ ZIP ________

___ - ___ - _____ Telephone No.

___ - ___ - _____ Your Social Security Number

___ - ___ - _____ Your Medicare Number

____________ Your Medicaid Number

Describe Your Present Living Situation:

☐ 1-Lives Alone
☐ 2-Lives With Spouse
☐ 3-Lives With Child
☐ 4-Lives With Non-Relatives
☐ 5-In a Nursing Home or other Long Term Care Facility
☐ 6-In a Hospital
☐ 7-Lives With Brother/Sister
☐ 8-Lives With Spouse and Child

Age in years ______

Date of Birth ____________

Sex ____(F) ____ (M)

Disabled ☐ Yes ☐ No

Relationship to first Applicant ____________

IF DISABLED - additional explanation section, be as specific as possible -- include Documentation of Social Security or SSI Disability Status.

Minority Group:

☐ White/non-minority
☐ Negro/Black
☐ American Indian
☐ Spanish American
☐ Oriental
☐ Other

Apartment Size

If you were offered residency in Trilling House, what is your first choice for apartment size? (Check one)

☐ Studio ☐ 1 Bedroom

If your first choice is not available, what other size apartments would you accept?

☐ None ☐ Studio ☐ 1 Bedroom

Meal Program

A Meal Program will be offered at Trilling House. The tenant will pay for this service. We will give priority to those who agree to take this meal plan. Five out of twenty-one meals a week will be served. These meals will be provided Monday through Friday evenings and will cost $120 per month. The fee for these meals will become part of the lease.

Do you agree to purchase the meal plan
Monday through Friday evening ☐ Yes ☐ No

Assistance

Trilling House is prepared to accept a proportion of tenants who require help with homemaking and personal care activities. In most instances, services will be provided by family, friends and previously identified formal service agencies. The staff at Trilling House will consider individual requests for aid in identifing needed support resources. To the best of your knowledge, will you or anyone applying with you be needing any kind of assistance, such as homemaking or personal care while living at Trilling House?

☐ Yes ☐ No

IF SUCH HELP IS NECESSARY: In an average week, how much could you or your family contribute to the cost of this care?

☐ None ☐ $1-25 ☐ $26-50

☐ $51-75 ☐ $76-125 ☐ $126+

If you are already paying for home or personal care services, how much did you spend in the previous week for these services? [$]

Do you own an automobile that you would be bringing to Trilling House?

☐ Yes ☐ No

ON EACH OF THE FOLLOWING PAGES READ EACH QUESTION CAREFULLY AND EITHER PLACE A CHECK MARK OR FILL IN THE APPROPRIATE BOX. THE PERSON WHO WOULD SIGN THE LEASE SHOULD FILL IN THE COLUMN UNDER "SELF". INFORMATION FOR SOMEONE APPLYING WITH YOU (SUCH AS YOUR SPOUSE, BROTHER, SISTER, ETC.) SHOULD BE ENTERED IN THE "OTHER" APPLICANT COLUMN.

AN IMPORTANT REMINDER

FOR AN APPLICATION TO BE ACCEPTED AND PROCESSED, THIS FORM MUST BE COMPLETED IN FULL. IT IS YOUR RESPONSIBILITY. FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN YOUR NAME EITHER BEING REMOVED FROM THE APPLICANT LIST OR PLACED AT THE END OF THE LIST.

	SELF	OTHER
Do you consider your present housing substandard?	☐ Yes ☐ No	☐ Yes ☐ No
IF YES, YOU MUST INCLUDE COPIES OF ANY SUBSTANTIANTING DOCUMENTATION.		
Have you been displaced from housing or are you without housing or about to be without housing?	☐ Yes ☐ No	☐ Yes ☐ No
IF YES, FULLY EXPLAIN THE REASON FOR THIS PROBLEM. YOU MUST INCLUDE COPIES OF ANY SUBSTANTIATING DOCUMENTATION YOU MAY HAVE — THIS WOULD INCLUDE EVICTION NOTICES, LETTERS FROM LANDLORDS AND THE LIKE.		

HEALTH QUESTIONS

	SELF	OTHER
Do you have any of the following medical conditions? [CHECK ALL THAT APPLY]		
Arthritis or rheumatism	☐ Yes	☐ Yes
Diabetes	☐ Yes	☐ Yes
Hypertension (high blood pressure)	☐ Yes	☐ Yes
Heart Disease	☐ Yes	☐ Yes
Multiple Sclerosis, Parkinson's or a similar neurological disorder	☐ Yes	☐ Yes
If you have any of the above and you are limited in what you are able to do because of them, check this box.	☐ Limited	☐ Limited
Have you ever had a stroke or a shock?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a health condition that requires over 30 minutes attention or monitoring per day [e.g., checking response to medications, checking condition of skin, blood pressure, etc.].	☐ Yes ☐ No	☐ Yes ☐ No
In the PAST YEAR:		
How many days have you spent overnight in the hospital?	Enter # of days ☐	Enter # of days ☐
How many times have you gone to an Emergency Room?	Enter # of times ☐	Enter # of times ☐
In the PAST YEAR, have you had a problem because of your drinking or have you been advised to cut down or stop drinking altogether?	☐ Yes ☐ No	☐ Yes ☐ No

	SELF		OTHER	
MOBILITY AND STAMINA QUESTIONS				
Can you walk up and down stairs without help?	☐ Yes	☐ No	☐ Yes	☐ No
Can you walk a half mile (about 8 blocks) without help (or wheel that distance if in a wheelchair)?	☐ Yes	☐ No	☐ Yes	☐ No
Can you walk across the room without help (or wheel across the room if in a wheelchair)?	☐ Yes	☐ No	☐ Yes	☐ No
In the last month, did you usually go out of your home more than one (1) day a week?	☐ Yes	☐ No	☐ Yes	☐ No
Do you use a wheelchair at least some of time?	☐ Yes	☐ No	☐ Yes	☐ No
Do you use a walker at least some of time?	☐ Yes	☐ No	☐ Yes	☐ No
Are you frequently stopped from doing things because of bad health, sickness or pain?	☐ Yes	☐ No	☐ Yes	☐ No
MEMORY QUESTIONS				
Do you have trouble remembering where you are?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have trouble recognizing family members or good friends?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have trouble speaking well enough to carry on a conversation?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have trouble remembering what year it is?	☐ Yes	☐ No	☐ Yes	☐ No
Do you have trouble remembering what month it is?	☐ Yes	☐ No	☐ Yes	☐ No

	SELF	OTHER
PERSONAL FUNCTIONING QUESTIONS		
Are you ABLE to do the following by yourself or with help?		
Prepare bath and dry self?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Get out of a chair?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Get in or out of bed?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Dress yourself (including putting on shoes and socks)?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Take out the garbage?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Do light housework?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Prepare a meal?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Manage medications?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Do shopping?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Obtain or arrange transportation?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
Do Heavy Chores in the house?	☐ By Self ☐ With Help	☐ By Self ☐ With Help
OTHER FUNCTIONING		
During a usual week do you have any accidents with your bladder?	☐ Yes ☐ No	☐ Yes ☐ No
Do you use a colostomy or ileostomy device?	☐ Yes ☐ No	☐ Yes ☐ No
Would you rate your mental or emotional health as less than good at the present time?	☐ Yes ☐ No	☐ Yes ☐ No

	SELF	OTHER
SOCIAL HISTORY		
Do you have children living within one-half hour's drive of Trilling house?	☐ Yes ☐ No	☐ Yes ☐ No
In the last two weeks, how many visits did you have from family and friends?	Enter # of visits ☐	Enter # of visits ☐
Have you been involved in more than one heated and unpleasant argument in the past two weeks?	☐ Yes ☐ No	☐ Yes ☐ No
In the past five years, how many times have you moved?	Enter # of moves ☐	Enter # of moves ☐
Have you spent any time in a nursing home or other institution?	☐ Yes ☐ No	☐ Yes ☐ No
Are you an applicant to a nursing home or are you considering such an application?	☐ Yes ☐ No	☐ Yes ☐ No
SUPPORT INVENTORY		
(If more than one applicant, appropriately allocate the help to each individual)		
During the past two weeks, how many total hours of help did you receive?	Enter # of hours ☐	Enter # of hours ☐
How many of these hours of care were provided by the local Home Care Agency?	Enter # of hours ☐	Enter # of hours ☐
How many of these hours of care were provided by family and/or friends?	Enter # of hours ☐	Enter # of hours ☐

After entry into Trilling House, in which of the following areas do you expect to require help? [Check all that apply]	SELF		OTHER	
	From Home Care Agency	From Family/ Friends	From Home Care Agency	From Family/ Friends
Light housework?	☐	☐	☐	☐
Meal preparations?	☐	☐	☐	☐
Personal Care (dressing, grooming, bathing, etc)?	☐	☐	☐	☐
Managing medications?	☐	☐	☐	☐
Shopping?	☐	☐	☐	☐
Transportation?	☐	☐	☐	☐
Laundry?	☐	☐	☐	☐
Heavy Chores in the house?	☐	☐	☐	☐

How confident are you that your family and/or friends will continue to help you with your every day needs if you were to move to Trilling House?	☐ No such help needed or available	☐ No such help needed or available
	☐ Very confident	☐ Very confident
	☐ Fairly confident	☐ Fairly confident
	☐ Somewhat	☐ Somewhat
	☐ Less confident	☐ Less confident
	☐ Not confident at all	☐ Not confident at all
If in the future, you were to need MORE help, do you feel confident that you could rely on your family and/or friends to provide it?	☐ Very confident	☐ Very confident
	☐ Fairly confident	☐ Fairly confident
	☐ Somewhat	☐ Somewhat
	☐ Less confident	☐ Less confident
	☐ Not confident at all	☐ Not confident at all

	SELF	OTHER
Do you find it necessary to ASK others for help on a weekly or more frequent basis?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have any needs that are so severe that they might cause you to seek out residency in a Nursing Home?	☐ Yes ☐ No	☐ Yes ☐ No
IF NO: Are there situations in which you would be WILLING to live in a Nursing Home?	☐ Yes ☐ No	☐ Yes ☐ No

HELPING OTHERS

	SELF	OTHER
Is it "In your nature" to help neighbors and friends OR do you tend to wait until they make a direct request?	☐ In nature to help ☐ Wait for request	☐ In nature to help ☐ Wait for request
In a NORMAL week:		
Do you help your neighbors with any activities [such as shopping, taking in the mail, transportation, taking out the garbage, cleaning, helping with personal care, cooking, filling out forms, cashing checks, etc.]?	☐ Yes ☐ No	☐ Yes ☐ No
In a NORMAL week:		
Do you help your friends with any of these types of activities?	☐ Yes ☐ No	☐ Yes ☐ No
In a NORMAL week:		
In total, how many neighbors and friends do you help in these areas?	☐ Number of Neighbors ☐ Number of Friends	☐ Number of Neighbors ☐ Number of Friends
Are you alert to the needs of neighbors and friends, truly enjoying the opportunity to assist them with activities in or out of their home?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have health limitations or personal commitments that restrict your ability to help neighbors and friends?	☐ Yes ☐ No	☐ Yes ☐ No

IN THE SPACE BELOW, PLEASE PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP OF A PERSON WE CAN CALL TO ASSIST US IF WE ARE UNABLE TO REACH YOU REGARDING THIS APPLICATION.

Name ______________________________

Address: Number & Street ______________________________

City ______________ State ______ ZIP ______________

Phone # Area code (   ) - ______________

Relationship ______________________________

OTHERWISE PROVIDE IT FOR YOURSELF

LIST UP TO FOUR PEOPLE WHO HELP YOU THE MOST OR YOU FEEL YOU COULD RELY ON SHOULD YOU NEED HELP (INCLUDING YOUR SPOUSE AND OTHER PEOPLE YOU LIVE WITH, AS WELL AS RELATIVES AND FRIENDS WHO DO NOT LIVE WITH YOU AND ANY FORMAL SERVICE AGENCIES PROVIDING CARE).

IF MORE THAN ONE HELPER, LIST IN ORDER OF AMOUNT OF HELP PROVIDED.

IF YOU HAVE NO HELPERS, SKIP TO PAGE 16.

IF HELPER IS FROM AN AGENCY PROVIDE NAME OF AGENCY

Helper 1 Name ______________________________

Address: St. ________________________
City ________________________

Phone # ________________________

How is this person related to you?

- ____ (0) Inappropriate, no such person
- ____ (1) Child
- ____ (2) Spouse
- ____ (3) Sibling
- ____ (4) Other relative
- ____ (5) Friend/Neighbor
- ____ (6) Formal agency helper
- ____ (7) Other, specify ______________________

If you were sick and required help, could you rely on this person to take care of you indefinitely (as long as needed)?

☐ Yes ☐ No

Is this person now helping you in any area?

☐ Yes ☐ No

IF YES: How many hours of care did this person provide to you in the past two weeks?

☐

Will this person live with you at Trilling House?

☐ Yes ☐ No

COMPLETE THIS PAGE IF THERE IS A SECOND HELPER
OTHERWISE SKIP TO PAGE 17

IF HELPER IS FROM AN AGENCY
PROVIDE NAME OF AGENCY

Helper 2 Name ______________________

Address: St. ______________________
City ______________________

Phone # ______________________

How is this person related to you?

____ (0) Inappropriate, no such person
____ (1) Child
____ (2) Spouse
____ (3) Sibling
____ (4) Other relative
____ (5) Friend/Neighbor
____ (6) Formal agency helper
____ (7) Other, specify ______________________

If you were sick and required help, could you rely on this person to take care of you indefinitely (as long as needed)?

☐ Yes ☐ No

Is this person now helping you in any area?

☐ Yes ☐ No

IF YES: How many hours of care did this person provide to you in the past two weeks?

☐

Will this person live with you at Trilling House?

☐ Yes ☐ No

COMPLETE THIS PAGE IF THERE IS A THIRD HELPER
OTHERWISE SKIP TO PAGE 17

IF HELPER IS FROM AN AGENCY
PROVIDE NAME OF AGENCY

Helper 3 Name ______________________________

Address: St. ______________________________
City ______________________________

Phone # ______________________________

How is this person related to you?

- ____ (0) Inappropriate, no such person
- ____ (1) Child
- ____ (2) Spouse
- ____ (3) Sibling
- ____ (4) Other relative
- ____ (5) Friend/Neighbor
- ____ (6) Formal agency helper
- ____ (7) Other, specify ______________________

If you were sick and required help, could you rely on this person to take care of you indefinitely (as long as needed)?

☐ Yes ☐ No

Is this person now helping you in any area?

☐ Yes ☐ No

IF YES: How many hours of care did this person provide to you in the past two weeks?

☐

Will this person live with you at Trilling House?

☐ Yes ☐ No

COMPLETE THIS PAGE IF THERE IS A FOURTH HELPER
OTHERWISE SKIP TO PAGE 17

IF HELPER IS FROM AN AGENCY
PROVIDE NAME OF AGENCY

Helper 4 Name ____________________

Address: St. ____________________
City ____________________

Phone # ____________________

How is this person related to you?

- _____ (0) Inappropriate, no such person
- _____ (1) Child
- _____ (2) Spouse
- _____ (3) Sibling
- _____ (4) Other relative
- _____ (5) Friend/Neighbor
- _____ (6) Formal agency helper
- _____ (7) Other, specify ____________________

If you were sick and required help, could you rely on this person to take care of you indefinitely (as long as needed)?

☐ Yes ☐ No

Is this person now helping you in any area?

☐ Yes ☐ No

IF YES: How many hours of care did this person provide to you in the past two weeks?

☐

Will this person live with you at Trilling House?

☐ Yes ☐ No

TRILLING HOUSE APPLICATION FINANCIAL DATA
FILL IN ALL SPACES - IF NOT APPLICABLE ENTER ZEROS

Current Monthly Rent $ ________
Average Utility Costs per Month $ ________

INCOME (If more than one person will occupy apartment, please report combined income and assets)

Annual Interest Income $________
Annual Social Security $________
Annual Veterans Benefit $________
Annual Pension $________
Annual Public Assistance $________
Annual Gross Wages $________
Annual Dividends $________
Annual SSI Amount $________
Annual Unemployment Check $________
Other Annual Income - Please Specify ________________

MEDICAL EXPENSES: Amount of health insurance payments -- Annually $________
Amount of yearly medical expenses not covered by insurance (do not include cost of eyeglasses, hearing aids, dentures, or annual medical check-ups). $________

ASSETS: Please use reverse side if additional space is needed.

Savings Account - Amount $ ________ Account No. ________
Bank Name & Address ________________

Savings Account - Amount $ ________ Account No. ________
Bank Name & Address ________________

Term Certificates - Amount $ ________ Interest Rate ________
Bank Name & Address ________________

Money Market Account Amount $ ________ Account Name ________

Checking Account -Amount $ ________ Account No. ________
Bank Name & Address ________________

Stocks - Name ________ No. Shares ____ Market Value $ ________
Bonds - Name ________ Value $ ________
Property Owned ________ Net Sales Value $ ________
(ADDRESS)

Other Assets (specify) ________________

In the last two years, have you given away any assets? Yes ____ No ____

Name	Relationship	Value of Asset

I ATTEST THAT ALL INFORMATION IN THIS APPLICATION HAS BEEN PROVIDED FULLY AND ACCURATELY. IF UPON VERIFICATION OF INFORMATION, THIS IS NOT FOUND TO BE SO, I UNDERSTAND THAT MY APPLICATION WILL BE MOVED TO THE BOTTOM OF THE LIST.

Signature of Primary Applicant

Signature of Person Helping Applicant Complete Form, If Any
Address: ________________
Tel. # ________________

Appendix B.

Canadian Federal Social Housing Programs

From: Common Ground in Meeting Core Needs:
An Inquiry into Social Housing for British Columbia

Final Report, August, 1986. B.C.H.M.C.

EXHIBIT VI-2 SUMMARY - CANADIAN FEDERAL SOCIAL HOUSING PROGRAMS(1)
UNDER NATIONAL HOUSING ACT

PROGRAM ELEMENTS	SECTION 15.1 Non-Profit Housing Assistance	SECTION 34.18 Cooperative Housing Assistance	SECTION 56.1 Pre-1986 Cooperative and Non-Profit Housing Assistance	SECTION 56.1 1986 Non-Profit Housing Program
STATUS	• No new commitments.	• No new commitments.	• No new commitments	• Active.
OBJECTIVES	• Direct capital cost loan assistance to non-profit groups to increase the supply of affordable housing.	• Direct capital cost loans for development of cooperative family (or special group) projects aimed at increasing the supply of affordable housing.	• Insured loans and interest reduction grants to provide affordable housing for low to moderate income households.	• To assist households unable to obtain adequate suitable and affordable housing on the private market.
DESCRIPTION	• Community or municipal non-profit organization - 100% CMHC lending value of project. • Low-interest rates, up to 50-year. • Community group only: - $10,000 start-up funding. - 10% forgiveness on repayable loan or ground rent subsidy through land-lease arrangement. - Interest reducing grant. - Rents set at break-even level.	• 100% mortgage loan based on CMHC lending value of project. • Up to 50-year term, 8%. • $10,000 start-up funding. • 10% forgiveness on repayable loan or ground rent subsidy through land-lease arrangement. • Interest reducing grant.	• NHA insured loan from approved lenders available for 100% of capital cost of project for 35 year term. • Interest reduction grant which brings effective interest rate as low as 2%. • Start-up funding $75,000. • In the 4th and subsequent years cooperative contribution to debt service increased by 5% compounded annually.	• Assistance available for public and private non-profit organizations and co-operatives. • Capital financing through private mortgage for up to 100% capital costs. • Operating subsidy based on difference between break-even operating cost and total revenue. • Tenant rent contribution based on 30% of income. • Special Purpose housing (on-site care services) additionally assisted through interstate writedown to 2%. Maximum 10% of annual allocation. • If necessary, Provincial Government may purchase site and lease back to society for a 60-year period.
RELATED FEDERAL PROGRAMS	• Section 44(1)(b) Rent Supplement. • Community Resource Organization Program. • Residential Rehabilitation Assistance Program, if project is in a Neighbourhood Improvement Program area.	• Section 44(1)(b) Rent Supplement. • Section 34.9 Contributions or loan towards payment of 1st mortgage or project's municipal taxes. • Community Resource Organization Program.	• Replaced Sections 15.1 and 34.18. • Section 44(1)(b) Rent Supplement. • Community Resource Organization Program.	
TARGETTING/ ELIGIBILITY	• Any moderate-to-low income household.	• Any household which is a member of the cooperative.	• Low-to-moderate income households. At least 15% must be income tested.	• Households in core need as defined by Operating Agreement. • Those with special housing needs.
ADMINISTRATION	• CMHC	• CMHC	• CMHC	• BCHMC
FEDERAL/ PROVINCIAL COST SHARE	• 100% Federal	• 100% Federal. Provincial contribution through High Impact Grants to 10% of operating costs.	• 100% Federal except for Seniors and Disabled projects which received 25% provincial grant and if necessary, contribution to operating subsidy through PRAP.	• 67/33

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(1) Based on CANADIAN SOCIAL HOUSING, by S. Cogan and D. Drake. Vancouver: BCHMC, 1983, p. 11-12.

EXHIBIT VI-2 **SUMMARY -- CANADIAN FEDERAL SOCIAL HOUSING PROGRAMS UNDER NATIONAL HOUSING ACT (cont'd.)**

	SECTION 40	SECTION 43/44	SECTION 40 Pre- and Post-'86	SECTION 56.1 Pre- and Post-'86
PROGRAM ELEMENTS	Federal-Provincial Partnership	Public Housing	Rural and Native Housing Program	Urban Native Housing Program
STATUS	. No new commitments in B.C.	. No new commitments.	. Active.	
OBJECTIVES	. Direct capital and operating cost contributions to provide affordable housing for lower-income households.	. Direct mortgage loans for capital costs and operating subsidies to provide affordable housing for low-income households.	. To provide for construction or acquisition and rehabilitation of housing units for sale or rent to low income clients in communities with populations of 2,500 or less.	. To assist Native households in need in urban areas to obtain suitable, adequate and affordable housing.
DESCRIPTION	. In B.C., some rural and remote housing and public housing built under this program. . Federal government contribution of 75% of capital costs; 25% is borne by province which may require municipality to participate in its share. . Annual operating deficits borne on a 75 federal-25 provincial (or provincial-municipal) basis. . Rents charged to tenant on 30% of income basis.	. Units built/operated by provincial/municipal governments and public housing agencies. . Low interest, long-term mortgage loan for 90% of capital costs. (Section 43). . Federal government assumes 50% of annual operating losses. (Section 44). . Rents charged to tenants on 30% of income basis.	. Provides project capital costs and subsidy costs. . Eligible home ownership clients pay 25% of adjusted income to monthly mortgage loan payment and eligible heating costs. Rental clients pay 25% of adjusted income.	. NHA-insured loans for up to 100% of capital costs. . Pre-'86 subsidy in form of 2% mortgages. Post-'86 maximum annual subsidy equal to difference between annual operating costs and project revenues. . Rent based on income.
RELATED FEDERAL PROGRAMS		. Section 42: 90% low interest mortgage loan for capital cost of acquiring and servicing land for public housing. Term is 50 years if land is leased, and 25 years in all other circumstances.		. Community Resource Organization Program.
TARGETTING/ ELIGIBILITY	. Not specific but directed primarily to seniors and disabled.	. Lower-income households in need. Directed primarily to seniors and disabled.	. Native and non-native households in core need.	. Native households in need.
ADMINISTRATION	. BCHMC	. BCHMC	. CMHC	. CMHC
FEDERAL/ PROVINCIAL COST SHARE	. 75/25	. 50/50	. 100% Federal	. 100% Federal

EXHIBIT VI-2 SUMMARY — CANADIAN FEDERAL SOCIAL HOUSING PROGRAMS UNDER NATIONAL HOUSING ACT (cont'd.)

	SECTION 44(1)(a)	SECTION 44(1)(b)		1986
PROGRAM ELEMENTS	Rent Supplement	Rent Supplement	Rent Supplement Program 1986	New Federal Cooperative Housing Program
STATUS	• Active.	• Active.	• Active.	• Active.
OBJECTIVES	• To assist low-income tenants to acquire suitable affordable housing.	• To assist low-income tenants to acquire suitable affordable housing.	• To assist households in need to obtain affordable, adequate and suitable rental housing.	• To assist housing projects owned and operated by not-for-profit continuing cooperatives.
DESCRIPTION	• Units built, operated by private landlords block leasing up to 25% of units. • Subsidy required to make up the difference between 30% of the occupant's income and market rent.	• Subsidies go to non-profit/cooperative housing organizations. • Subsidy required to make up the difference between 30% of the occupant's income and required rent payment. • For housing constructed with 30% provincial grant.	• Rental agreements with private landlords, private non-profit, or cooperative. • Subsidy required to make up difference between 30% of tenant's income and agreed rent.	• Provides a CMHC insured, index-linked mortgage (ILM) and supply loans if necessary. An ILM amortized over 30 years provides primary financing for up to 100% of eligible capital costs. Supply loans given to projects not feasible with an ILM alone. ILMs provide for low real interest rates. • Additional loans of up to $5,000/unit may be given for special purpose housing.
RELATED FEDERAL PROGRAMS		• Non-Profit Housing Assistance - Sections 15.1, 56.1. • Entrepreneur Low-Rental Housing - Section 15. Note: In B.C., units built under 56.1 do not receive rent supplements under this section.	• New Cooperative Housing Program.	• New Rent Supplements for up to 30% of new units.
TARGETTING/ ELIGIBILITY	• Any qualified lower-income household.	• Any qualified lower-income household.	• Households in core need. • Those with special housing needs.	• Moderate-income households who cannot access home ownership but are not in core housing need. 30% of units to core housing need households.
ADMINISTRATION	• BCHMC	• BCHMC	• BCHMC	CMHC
FEDERAL/ PROVINCIAL COST SHARE	• 50/50	• 50/50	• 67/33	• 100% Federal except B.C. funded portion of rent supplements

EXHIBIT VI-2 SUMMARY -- CANADIAN FEDERAL SOCIAL HOUSING PROGRAMS UNDER NATIONAL HOUSING ACT (cont'd)

PROGRAM ELEMENTS	SECTION 34.1 Pre-1986 Residential Rehabilitation Assistance Program	SECTION 34.1 1986 Residential Rehabilitation Assistance Program	SECTION 34.121 Pre- and Post-86 Emergency Repair Program
STATUS	. No new commitments.	. Active.	. Active.
OBJECTIVES	. To assist in the repair and improvement of existing substandard housing and to promote it subsequent maintenance.	. To repair, rehabilitate and improve dwellings.	. To assist households to undertake emergency repairs required for the continued safe occupancy.
DESCRIPTION	. Provides foregiveable loans to repair substandard housing. Five sub-components makes loans to urban and rural homeowners and landlords, Indian reserves and non-profit/cooperative groups. Maximum loan amounts and forgiveness amounts vary with location, type of repair, and adjusted family income. Landlords required to commit equity equal to forgiveness amount.	. Three components: . Homeowners -- Forgiveable loans to homeowners for eligible repairs up to $10,000 for urban and $25,000 for rural. Foregiveness to maximum of $5,000 in south; 6,230 in north; $8,250 in far north. Foregiveness based on income. . Rental -- Foregiveable loans to landlords of low end of market units. Foregiveness earned over 15 years. Foregiveness rates based on post-rehab rents. Rental rates set by agreement. . Disabled -- Foregiveable loans to owners, landlords undertaking accessibility work. Foregiveness rates based on income for owners, rents for landlords.	. Contributions up to $4,500.
RELATED FEDERAL PROGRAMS	. Section 56.1 non-profit and cooperative housing.		
TARGETTING/ ELIGIBILIY	. Households with low-to-moderate incomes. . Landlords. . Non-profit/cooperative. . Indian reserves.	. Homeowner -- Owners with incomes less than $23,000. . Rental -- Low-rent units. . Disabled -- Disabled owners, tenants.	. Homeowners/occupants in need in rural areas.
ADMINISTRATION	. CHMC	. CHMC	. CHMC
FEDERAL/ PROVINCIAL COST SHARE	. 100% Federal	. 100% Federal	. 100% Federal

Appendix C.

Calculations for Supportive Housing Costs

BUDGET ANALYSIS FOR A PRIVATELY FUNDED PROJECT

DEVELOPMENT COSTS	DUNBAR	RILEY PARK
Feasibility Study	5000	5000
Legal (Real Estate)	3000	3000
Legal Survey	700	700
Soils Test for new construction only	1300	1300
Impost Charges (crossings, connect's)	2550	2550
Permits (Development & Building)	1450	1370
Landscaping, Plant material only	1000	500
Hard surface, Parking area	2250	2250
Furnishing. Allowance	15000	10000
Consultant Fees	23000	20000
Development Disbursements Printing, Construction Contract Docs. Administration	500	500
Legal (lease contract)	2000	2000
SUB TOTAL	$ 63500	$ 49920
PROPERTY COST		
Land Acquisition	250000	170000*
Demolition and/or Construction Preparation	3000	3000
Building Construction	329000	287000**
Interim Financing @12% for 6 months	19050	14000
SUB TOTAL	$601050	$474000
TOTAL CAPITAL COST	$664550	$523920
Equity @ 30%	199000	160000
Mortgage Value	$465550	$363920
MONTHLY PAYMENT		
Mortgage Payment (@ 10%, 25 years)	4150	3200
Property Taxes	542	375
Reserve	300	300
House Insurance	167	147
Utilities, (Gas. Electricity. Telephone)	250	250
Maintenance & Administration	200	200
TOTAL MONTHLY SHELTER COST	$ 5609	$ 4472

* Assume purchase of two adjacent lots @ $85000 each

** Assume the low end of construction cost (no contingency)

TABLE 5 - SPACE ANALYSIS

	# PEOP.	SQ.FT. /PERS.	AREA SQ.FT.
COMMON AREAS			
Living Room	12	25	300
Dining Area	12	16.5	200
Nook	4	12	48
Library	4	25	100
Kitchen	3	50	150
Laundry	2	25	50
Powder Room	1	25	25
			873
PRIVATE AREAS			
Bedroom	9	200	1800
Toilet	9	28	250
Bathroom	2	80	160
Storage	9	16	150
			2310
AUXILIARY AREAS			
Manager's ensuite	1	350	350
Circulation at 15%			540
Storage - general	1	150	150
			1040
TOTAL AREA			4273 sq.ft.
Garage	2	200	400

For the purpose of this estimate a new house has been assumed for each site which has the following basic characteristic:

1. a floor area of 4,300 sq. ft. plus a 900 sq. ft. unfinished basement (workshop).
2. a minimum size residential lot to accommodate the size of the house appropriately located near the shopping areas in each of the study neighbourhoods.
3. residents with a bedroom, bathroom, and private storage area each.
4. a resident housekeeper suite of 350 sq. ft.
5. 875 sq. ft. of shared area in the house including two livingrooms, a dining area, nook, kitchen, laundry, general storage room, two bathrooms and a powder room.

TABLE 6 - CONSTRUCTION BUDGET

BLDG SYSTEM	OUTLINE SPEC	UNIT COST	UNIT	QUANTITY	EXTENSION	COST/SF
EXCAVATION	900 SF BSMT, 2700 SF FOOTPRINT	$0.27	SF	10,000	$2,700.00	$0.63
FOUNDATION	CONCRETE, ACCEPT SIDING FINISH	$1.46	SF	4,300	$6,278.00	$1.46
FRAME	WESTERN PLATFORM FRAMING	$0.96	SF	4,300	$4,128.00	$0.96
FLOOR STRUCTURE	CONC. SLAB ON GRADE, INSULATED	$3.43	SF	900	$3,087.00	$0.72
	WOOD JOISTS AND SHEATHING, INSULATED	$6.24	SF	1,800	$11,232.00	$2.61
	WOOD JOISTS AND SHEATHING	$5.17	SF	2,500	$12,925.00	$3.01
FLOOR COVER	CARPET W/PAD	$3.95	SF	3,615	$14,279.25	$3.32
	SHEET VINYL IN BATHS/KITCH/LAUND	$3.38	SF	635	$2,146.30	$0.50
	QUARRY TILE IN ENTRY	$8.18	SF	50	$409.00	$0.10
	CONC. SEALER IN BSMT.	$0.62	SF	900	$558.00	$0.13
CEILINGS	GYP. BD., TAPED & PAINTED	$1.19	SF	5,200	$6,188.00	$1.44
	SOUND BAR UNDER 2ND FLOOR	$1.17	SF	1,600	$1,872.00	$0.44
INTERIOR CONST.	FRAME PARTITIONS	$14.74	SF	4,300	$63,382.00	$14.74
PLUMBING	FULL BATHS FOR EACH ROOM/SUITE	$565.80	FIXT	35	$19,803.00	$4.61
	KITCH, LAUND. HOOKUPS, HOSEBIBS (2)	$465.80	AREA	3	$1,397.40	$0.32
HVAC	GAS-FIRED FORCED-AIR	$2.46	SF	5,200	$12,792.00	$2.97
ELECTRICAL	AVG. OUTLETS, EMERG. PULL CORDS, SMOKE	$4.78	SF	4,300	$20,554.00	$4.78
EXT. CONST.	VINYL SIDING, INSULATED	$12.34	SF	3,600	$44,424.00	$10.33
	CONCRETE BASEMENT WALL	$10.60	SF	960	$10,176.00	$2.37
	SUNDECK	$15.56	SF	150	$2,334.00	$0.54
	PATIO: BRICK PAVERS ON SAND	$4.00	SF	150	$600.00	$0.14
ROOF	WOOD RAFTERS AND SHEATHING	$4.71	SF	4,780	$22,513.80	$5.24
	ASPHALT SHINGLES	$1.03	SF	4,780	$4,923.40	$1.14
FIREPLACE	MASONRY WITH HEATILATOR PACKAGE	$3,536.00	EACH	1	$3,536.00	$0.82
EQUIPMENT	RANGE AND OVEN	$793.00	EACH	1	$793.00	$0.18
	REFRIGERATOR	$1,082.00	EACH	2	$2,164.00	$0.50
	DISHWASHER	$553.50	EACH	1	$553.50	$0.13
	WASHER/DRYER SET	$1,100.00	EACH	1	$1,100.00	$0.26
	BATH EXHAUST FANS	$133.95	EACH	12	$1,607.40	$0.37
	GARBAGE DISPOSAL	$213.10	EACH	1	$213.10	$0.05
	HOOD FAN	$273.98	EACH	1	$273.98	$0.06
SUBTOTAL	FIGURES INCL. ALL GENERAL CONDITIONS				$278,943.13	$64.87
	CONTINGENCY: 15%				$41,841.47	$9.73
	PROJECTION OF INFLATION: 3%				$8,368.29	$1.95
TOTAL	MARSHALL & SWIFT, ABOVE AVG. QUALITY (1987)				$329,152.89	$76.55

Appendix D.

1. NewHome Game Instructions and Scoring Sheets
2. Rationale for Twenty Housing Features

GAME PROCEDURE

The game is played between the Respondent (serving as "player" representing a "CLIENT"of his/her choosing) and the "Management" of the NEWHOME Society. The purpose of the society is to provide supportive housing for older people who are well, but frail and in need of a little extra help. The house will have a resident housekeeper. The respondent-player has a number of VOTES and VETOS that can be used on behalf of the CLIENT to direct the Management's decisions in planning a home where the CLIENT may live.

Your (the Interviewer's) first step is to insert your Interviewer identification number in spaces 05 and 06; also insert your Respondent number (eg, 01, 02 or 03 as the case may be) in the spaces numbered 07 and 08. Finally, insert a Case number 01 or 02, depending om whether the Respondent plays the Game once or twice (with different CLIENTS).

The Game has ten steps of play.

STEP 1. : First read through the "Instructions for the NEWHOME Game" with the respondent and answer any questions raised.

STEP 2. CHOOSING THE CLIENT : Before playing the Game, we need to know something about the CLIENT. Then the Player invests yellow and blue dots for a Newhome that will be a good place for the CLIENT. The CLIENT is a real person who would benefit from supportive housing because of some difficulty he or she may have. The Player is likely to know someone like that. The Player shuffles 12 cards, each with a question " Do you know someone who . . . ? " The Player selects those cards that describe persons he/she knows quite well; of these the one known best will be the first CLIENT.

On the Clients known boxes in the Scoresheet, tick the number of each of the "Do you know ?" cards that have been selected by the Player as applying to someone he/she knows. If Player recognizes no one among the 12 "Do you know . . . ? " cards, check the last box in the row labelled "99". Then in the next row, write in the number of the "Do you know..." card that has been selected as best known by the Player. This person is termed the CLIENT.

STEP 3. : At the start of the Game, you (the Interviewer) give the Player (Respondent) 20 yellow dots, one for each feature that goes into the NEWHOME. The player spends these one at a time to remove the worst option in each feature. You (the Interviewer) also pass to the player a credit of 8 blue dots; the Player can spend these to remove other unsatisfactory options. The Player gains more blue dots by not eliminating options on a feature card, thus allowing Management to choose among more options.

STEP 4. FEATURES AND OPTIONS : In the Game, there are 20 features about which Management must decide in planning the home. There are several options for each of these features. The Player uses the VOTES (yellow and blue dots) to remove the options that would NOT be good or desirable for the CLIENT.

STEP 5. VOTES : Once the CLIENT is identified by first name and number, the next step is to shuffle the 20 feature cards. Turn the the top card. From it, the Player picks out the best and the worst of the options for the CLIENT. The Player cancels out (deletes) the worst option by sticking a yellow dot on it. The yellow dot is free.

You, the Interviewer, will note the first feature card number in the column which is headed "ORD"; to do this, scan down the "FEATURES" column in the SCORESHEET to spot the first feature. Then enter the number "01" in the box to the left of that feature. THEN, in the box just to the right of the first FEATURE label, write the number of the chosen "best" option, in the column headed "BST OPT". Finally, in one of the boxes opposite the first FEATURE in columns 1 - 7, use your yellow pencil to make a dot to identify the "worst" option.

The Player is then permitted as desired to spend one or two blue dots by sticking them on the FEATURE card to cancel out (delete) one or two other unsatisfactory options -- if any -- of the first feature for the CLIENT.

Use your blue pencil to dot the boxes opposite the first FEATURE under columns 1 - 7, to identify other unsatisfactory options, if any. Use one dot to mark the first other unsatisfactory option and two to mark the second. If there are no other unsatisfactory options, leave the respective boxes blank.

STEP 6. MANAGEMENT'S CHOICE : From the options remaining on the first feature card, you (the Interviewer) will -- by throwing the die from a cup -- decide for Management which option the home will have. Management's choice is marked by a RED DOT which you stick against that option on the FEATURE card.

On the scoresheet, use your red pencil to dot the box opposite the first FEATURE to identify Management's choice.

STEP 7. GAINS : By accepting Management's choice, the Player gains (receives) one or two blue dots from you (the Interviewer) to spend on canceling out (deleting) unsatisfactory options in later features. The schedule of blue dot gains depends on the options remaining for Management to choose among:

1 choice out of 2 = 1 blue dot gained
1 out of 3 or more = 2 blue dots gained

Pay out gains, if any, to the Player.

STEP 8. VETOS : The play of step 3, 4 and 5 on behalf of the CLIENT continues until Management's choice has been decided for all 20 features. *(Be sure to follow the above-specified first-feature procedures for each of the 19 features that follow, especially noting their order of appearance.)* When all the choices have been made, the Player is to check them over to see if there is any change that would make the Newhome better for the CLIENT. If the Player has any blue dots left, he/she can VETO any Management choice -- i.e., replacing the red dot -- at a cost of 3 blue dots stuck against the first Management choice.

In the appropriate column under "OPTIONS" record the three blue dots and the replacement of the red dot. After you have -- in the appropriate columns 1 - 7 under "OPTIONS" -- dotted the last (20th) feature with your pencils, take up all the feature cards and group them in 4 columns according to their identification code number A, B, C, or D.

STEP 9. RANKING : Ask the Player to rearrange each group of feature cards in order of importance (most to least).

Record the resulting order for each of the 4 groups of cards in the boxes, in the column labelled "CLT" under "PRIORATE".

ESSENTIAL
DESIRABLE
UNIMPORTANT

STEP 10. RATING : The last task of the Player is to reshuffle the pack of 20 FEATURE cards and then to sort them into 3 piles. In the 1st pile, the Player places those Newhome FEATURES which he/she considers would be least important for the player's own personal circumstances. In the 2nd pile go those FEATURE which the Player considers moderately important. In the 3rd pile go those FEATURES which the Player considers most important.

In the "RSP" column under "PRIORATE", for each FEATURE record the pile number into which the Player sorted it.

Please ignore the column headed "ABB".

Comments : In the "Comments" column, briefly record any remarks made by the respondent as well as your own observations with respect to each of the features. Identify the remarks made by the respondent by underlining them.

NEWHOME GAME

SCORESHEET

The Iredale Partnerst
JAN 19

Record 0 (04) Interviewer # ___ ___ (05 06) Respondent # ___ ___ (07 08) Case # ___ (09)

CLIENT'S FIRST NAME OR INITIALS_____

Clients known	☐ 01	☐ 02	☐ 03	☐ 04	☐ 05	☐ 06	☐ 07	☐ 08	☐ 09	☐ 10	☐ 11	☐ 12	☐ 99	['99' = None]
	11	12	13	14	15	16	17	18	19	20	21	22	23	

Client best known ☐☐ (24 25) ['99' = Self]

ORD	FEATURES	BST OPT	OPTIONS							PRIORATE			COMMENTS
			1	2	3	4	5	6	7	CLT	RSP	ABB	
	Record 1 (04) Intvr# ___ ___ (05 06) Respondent# ___ ___ (07 08) Case# ___ (09)												
11 12	01-A Taking part in residence decisions 13-15	16	17						26	27	28	30	
38 39	02-A Use of shared kitchen 40-42	43	44						53	54	55	57	
65 66	03-A Share in running the home 67-69	70	71						80	81	82	84	
92 93	04-A Number of residents sharing the bldg. 94-96	97	98						107	108	109	111	11
118-119	05-A Shared spaces in the building 120-123	124	125						134	135	136	138	13
	Record 2 (04) Intvr# ___ ___ (05 06) Respondent# ___ ___ (07 08) Case# ___ (09)												
11 12	06-B Rules for outside activities 13-15	16	17						26	27	28	30	
38 39	07-B Selection of residents 40-42	43	44						53	54	55	57	
65 66	08-B Rules about visitors 67-69	70	71						80	81	82	84	
92 93	09-B Opport. for companionship 94-96	97	98						107	108	109	111	11
118-119	10-B Mutual help among residents 120-123	124	125						134	135	136	138	13
	Record 3 (04) Intvr# ___ ___ (05 06) Respondent# ___ ___ (07 08) Case# ___ (09)												
11 12	11-C Personal storage 13-15	16	17						26	27	28	30	
38 39	12-C Own or rent 40-42	43	44						53	54	55	57	
65 66	13-C Furnishing own rooms 67-69	70	71						80	81	82	84	
92 93	14-C Own private space 94-96	97	98						107	108	109	111	11
118-119	15-C Location 120-123	124	125						134	135	136	138	13
	Record 4 (04) Intvr# ___ ___ (05 06) Respondent# ___ ___ (07 08) Case# ___ (09)												
11 12	16-D Meals 13-15	16	17						26	27	28	30	
38 39	17-D Help with cleaning own rooms 40-42	43	44						53	54	55	57	
65 66	18-D Assistance with personal shopping 67-69	70	71						80	81	82	84	
92 93	19-D Transportation 94-96	97	98						107	108	109	111	11
118-119	20-D Building operator/manager 120-123	124	125						134	135	136	138	1

NEWHOME GAME
BACKGROUND QUESTIONS

The Iredale Partnershi
January 198

Record 5 : (columns 01-04 bla
Interviewer no. ____ 05-
Respondent no. ____ 07-
Client case no. ____

1. CLIENT'S name : ____________

2. CLIENT's age (approx.) : __ __ Yrs 11-

3. Sex (check one) :

M ○ 1.
F ○ 2.

4. Country of birth : ____________ (Enter first 6 letters or 999999) 14-
5. Length of stay in Canada : __ __ Yrs (Don't know ○ 99) 20-

6. Language used at home : ____________ (Enter first 6 letters or 999999) 22-
7. Religious affiliation : ____________ (Enter first 6 letters or 999999) 28-

---

8. Education - Highest level completed :

Some High School ○ 1
High School completed ○ 2
Some Technical/Vocational College ○ 3
Vocational Technical certification ○ 4
Some College or University ○ 5
College/University completed ○ 6
Some graduate study ○ 7
Graduate study completed ○ 8
Don't know ○ 9

---

9. Does CLIENT get an Old Age Pension ?

No ○ 1
Yes ○ 2
Don't know ○ 3

36-39bla

10. What is CLIENT'S annual income, if known ?

Less than $5,000 ○ 1
$5,001 -8,000 ○ 2
$8,001 - 11,000 ○ 3
$11,001 - $16,000 ○ 4
$16,001- 20,000 ○ 5
$20,001 - 30,000 ○ 6
$30,001 - 40,000 ○ 7
$40,001 - 50,000 ○ 8
More than $50,000 ○ 9
Don't know ○ 0

11. As far as you know, is CLIENT involved in community/social activities ? 41

No, not involved ○ 1
Yes, a little ○ 2
Yes, actively ○ 3
Don't know ○ 4

---

12. How would you rate CLIENT'S health ? 42

Occasional hospitalization ○ 1
Frequent medical attention ○ 2
Occasional medical attention ○ 3
Good health ○ 4

13. Does sickness or ill-health cause CLIENT to cut down on his/her usual activities ? 43

No ○ 1
Yes ○ 2

44-45blank

---

14. Does CLIENT require assistance for any of the following ? 46-50

	1 No	2 Yes	
Housekeeping	○	○	46
Cooking	○	○	47
Transportation	○	○	48
Personal care	○	○	49
Shopping	○	○	50
Communication in English	○	○	51
Other________________			52-56

---

15. Are the following amenities available in CLIENT's neighbourhood ? 57-61

	1 No	2 Yes	
Shops	○	○	57
Health care	○	○	58
Recreation centres	○	○	59
Church/Temple	○	○	60
Transport (Bus, Sky train)	○	○	61

---

16. CLIENT'S current home is a ... 62

High rise Apartment ○ 1
Low rise Apartment ○ 2
Condominium ○ 3
Single family dwelling ○ 4
Semi-detached dwelling ○ 5
Other________________ ○ 6 63-68

17. CLIENT'S tenure in current home is ... 69

House ownership ○ 1
Rental ○ 2
Condominium ownership ○ 3
Share in Co-operative ○ 4
Other______________ ○ 5 70-75

---

18. Why does CLIENT stay on in his/her present home ?

____

Any other reasons?

____

____

19. What is your relationship to the CLIENT ?

CLIENT is my ...

Self ○ 1
Grandparent ○ 2
Parent ○ 3
Brother or sister ○ 4
Aunt or uncle ○ 5
Spouse ○ 6
Child ○ 7
Other relative ○ 8
Neighbour ○ 9
Friend ○ 0

____

____

Record 6 : (columns 01-0
Interviewer no. ______
Respondent no. ______

1. Respondent's name :____________
2. Respondent's age :_ _ Yrs
3. Sex :

M ○ 1
F ○ 2

4. Country of birth : ________________ (Enter first 6 letters)
5. Length of stay in Canada :_ _ Yrs

6. Language used at home : ________________ (Enter first six letters)
7. Religious affiliation : ________________ (Enter first six letters)

Rationale for the Tewnty Housing Features

Group A: SHARING

A1. Taking part in resident decisions

In the United States, the declared intention for the congregate housing is to prolong independence for the elderly. In the final report on the examination of congregate housing in Boston (Mollica, 1984), the notion of independence for the elderly was directly related to their opportunity to exercise choice in their daily living.

A2. Use of a shared kitchen

A shared kitchen assumes a main kitchen where communal meals are prepared and so provides a check on one or two of the other features that concerned shared meals and the desirability of a kitchenette in an individual's dwelling unit. A large kitchen serving the home is also proposed as an important location for informal socializing amongst the residents (Welch, 1984; Cram, 1985)

A3. Share in Running/Maintaining the Home

"Sharing" in a family sense means that everyone takes some part in the work in running the house. It also reflects the quality of the small scale shared home where the residents feel that they belong rather than that they are purchasing services provided by the home (Valerie Parker interview, 1987).

A4. Number of residents sharing the building (Size)

What is the optimum number of residents in a home for the elderly? Enjoying a family lifestyle and sufficient privacy for independence depends on social, economic, and certain practical factors. Abbeyfield England recommends eight as an ideal number. In Vancouver, ten or more residents must be licensed as a hostel and are subject to regulations regarding commercial residential facilities. The Boston Aging Concerns publication defines the "congregate" as housing from four to forty residents.

A5. Shared spaces in the Building

Heumann has identified sharing a critical dimension in the spectrum of assisted independent living. The published guides for those wishing to develop shared or congregate type homes refer to a necessary balance between shared and private space (Welch, 1984). Suggestions for the design of shared areas consider the importance of these spaces for these social encounters between the residents (Cram, 1985).

Group B: SOCIAL RELATIONSHIPS AMONG THE RESIDENTS

B1. Rules for outside activities

The Abbeyfield Society has given careful consideration to the allocation of power regulating the homes sponsored and operated by the Society members. As a general rule, in Abbeyfield and in small congregate homes in the United States, as few rules as possible are imposed, and those are locally decided to suit the local conditions. In this study, persons first learning of the concept of the small family type homes frequently questioned what rules are required and who should make them.

B2. Selection of Residents limited to ...

The problem of how to control membership of the group living in the small home and how residents should be selected is a major topic in every reference on supportive housing. Abbeyfield houses are restricted to persons over 65 who are single. Houses run by the Boston Concerned Society limit the number of elderly to 70% of the residents. Whether persons caring for an impaired spouse or sibling would benefit from the support found in sharing a congregate home is still an open question.

B3. Rules about Visitors

Rules limiting the number of visitors and the times for visit are frequently imposed in institutional setting; sometimes under the argument of ensuring a certain amount of peace and quiet. Abbeyfield policies affirm that residents are adults capable of acting responsibly, so most homes have rules made by local residents.

B4. Opportunity for Companionship

Isolation and loneliness among the less mobile elderly has been a principle motivation for the establishment of Abbeyfield homes. Cram (1986) observed that withdrawal leads to greater withdrawal so that designs which discourage withdrawal and which present non-threatening opportunities for engaging in social exchange are encouraged. (Welch, 1984).

B5. Mutual help among Residents

The opportunity to exchange skills helps to maintain sense of self-worth and can bring together the combined skills required to manage and run a home. The range varies between total personal independence and a calculated collected interdependence where the people invited to stay in the home brings skills needed to complete the set necessary for the operation of the home (Independence through Interdependence, 1984).

Group C: PHYSICAL FEATURES OF THE BUILDING

C1. Personal Storage

Ample storage space distributed throughout the home is recommended since possessions are an important link to the past (Cram, 1985).

C2. Own or Rent

Abbeyfield homes are owned by the Society and the living space is rented to the residents. In the United States, almost all congregate homes are rental accommodation supported by private non-profit organizations. On the other hand, a recent study in Victoria, British Columbia has indicated that the opportunity for shared ownership may contribute to the satisfaction of residents in seniors housing (Baker, 1987).

C3. Furnishing own private rooms

The Abbeyfield Society policy is for residents to furnish their own rooms and be responsible for maintaining them. This is also the common practice in the congregate homes in the United States.

C4. Own private space

The kinds of private spaces available for residents varies widely. St. Andrew's Abbeyfield in Sidney, B.C. has provided large bed sitting room plus a private toilet and hand basin for each resident. Abbeyfield of Canada National Headquarters has suggested that Abbeyfield homes must have good sized bed sitting rooms, full bathroom and small kitchens to satisfy the lifestyle and expectations in Canada. Abbeyfield of England provides bed sitting room and a sink with bathrooms shared with at least one other resident. Where the home is converted from an existing building such as a large house, the possibility of extensive individual private areas is difficult to achieve.

C5. Location

Most evidence suggests that elderly people do not want to move, they wish to stay amongst their friends and in their own familiar neighbourhood (American Association for Retired Persons, 1986, Baker, 1987). Our group interviews found that in a number of cases, people felt their own neighbourhood has changed so much that they would not mind moving out.

Group D: SERVICES PROVIDED TO THE RESIDENT

D1. Meals

At St. Andrew's in Sidney, two family style meals are prepared daily by the housekeeper and her helpers. In some American congregate homes, various meal programs are available to chose from and are paid for separately. For example, a monthly program of thirty, or sixty, or ninety meals (Trilling House, Boston, Mass.).

D2. Help with cleaning own rooms

In virtually every situation we have studied, residents are responsible for maintaining their own private rooms. A person may, however, arrange for help from a homemaker service or volunteers from the support organization. In British Columbia, those who have been assessed as needing long-term care may qualify for free homemaker assistance under the provincial program.

D3. Assistance with personal shopping

Persons with moderate impairment or limited mobility may need assistance with outings to the shops or to appointments. Such help is also available through the B.C. Provincial Long-Term Care Program.

D4. Transportation

Some kind of regular transportation is commonly provided by the larger congregate homes in the United States as part of the basic service (Trilling House, Boston, Mass, Thomas House, Washington, D.C.). Abbeyfield has recognized the need for transportation services but has not yet articulated a clear policy (Hough, 1988).

D5. Building Operator/Manager

The Abbeyfield Homes are operated by the Abbeyfield Society and managed by the resident housekeeper. The studies of congregate homes in the Boston area have made it clear that the resident housekeeper or manager really sets the tone for the home and the lifestyle that the residents' will enjoy (Welch, 1984).

Appendix E.

Results for Twenty Housing Features and Options

Sharing the Residence

Social Relationships

Physical Facilities

Services for Residents

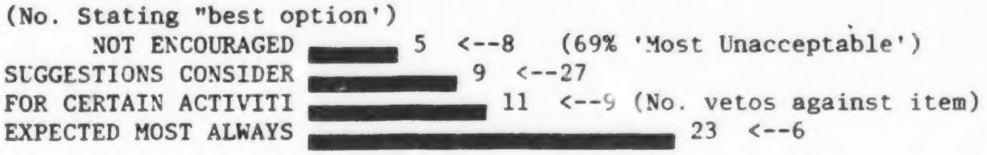
APPENDIX E

RESPONDENTS' CHOICES FOR 20 SUPPORTIVE HOUSING FEATURES

"MOST PREFERRED", "MOST UNACCEPTABLE" AND "NEGOTIABLE" OPTIONS

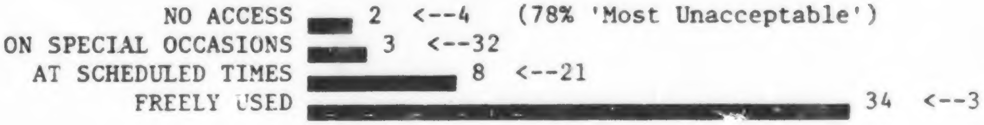
SHARING THE RESIDENCE

BOPTA1 TAKING PART IN RESIDENCE DECISIONS <-50 (Total vetos spent)



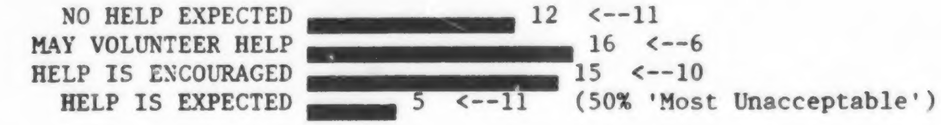
Valid Cases 48 Missing Cases 1

BOPTA2 USE OF A SHARED KITCHEN <--60



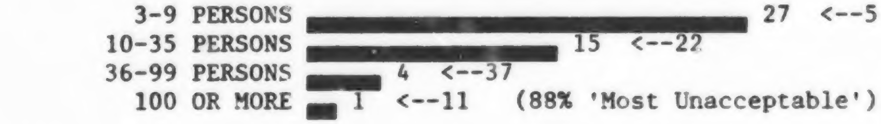
Valid Cases 47 Missing Cases 2

BOPTA3 SHARE IN RUNNING & MAINTAINING HOME <--38



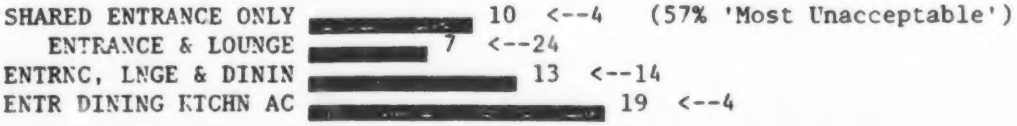
Valid Cases 48 Missing Cases 1

BOPTA4 NUMBER OF RESIDENTS SHARING HOME <--64



Valid Cases 47 Missing Cases 2

BOPTA5 SHARED SPACES IN THE BUILDING <--46



Valid Cases 49 Missing Cases 0

SOCIAL RELATIONSHIPS

```
BOPTB1    RULES FOR OUTSIDE ACTIVITIES  <--52

REGULTD OUTING TIMES 0  <--17   (67% 'Most Unacceptable')
   TAILORED TO NEEDS ███████████ 10  <--16
    SIGN OUT-SIGN IN ██████████ 9  <--13
    OPEN DOOR POLICY ███████████████████████████████ 30  <--6

Valid Cases      49      Missing Cases     0

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

BOPTB2    SELECTION OF RESIDENTS LIMITED TO..  <--65

INCOME ASSISTANCE ON ███ 2  <--25   (47% 'Most Unacceptable')
    OVER CERTAIN AGE ████ 3  <--16
   SINGLE OR WIDOWED ██ 1  <--16
ALL MEN OR ALL WOMEN ███ 2  <--17
   ANYONE COMPATIBLE ████████████████████████████████████████ 39  <--

Valid Cases      47      Missing Cases     2

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

BOPTB3    RULES ABOUT VISITORS  <--44

  SET VISITING HOURS ███ 2  <--5   (73% 'Most Unacceptable')
LIMITED NUMBER AT ON ██ 1  <--32
     COMMON COURTESY ██████████████████████████████ 29  <--6
        OVERNIGHTERS █████████████████ 16  <--1

Valid Cases      48      Missing Cases     1

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

BOPTB4    OPPORTUNITIES FOR COMPANIONSHIP  <--40

  LITTLE SOCIAL LIFE ███████████ 10  <--7   (41% 'Most Unacceptable')
    A FEW ACTIVITIES ████████ 7  <--14
MANY SCHEDULED ACTIV ███████ 6  <--10
    MUCH SOCIAL LIFE █████████████████████████ 24  <--9

Valid Cases      47      Missing Cases     2

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

BOPTB5    MUTUAL HELP AMONG RESIDENTS  <--25

        NOT EXPECTED ███████████ 10  <--4   (43% 'Most Unacceptable')
          SOME TIMES █████████████████ 16  <--11
        BUDDY SYSTEM ███████ 6  <--2
   EXCHANGE INTERESTS █████████████████ 16  <--8

Valid Cases      48      Missing Cases     1
-----------------------------------------------------------------------------
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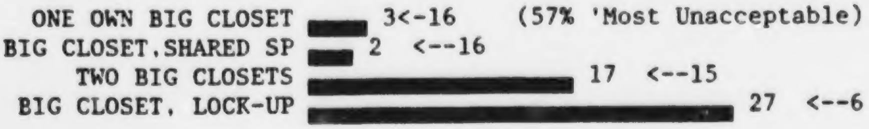
PHYSICAL FACILITIES

BOPTC1 PERSONAL STORAGE <--53



Valid Cases 49 Missing Cases 0

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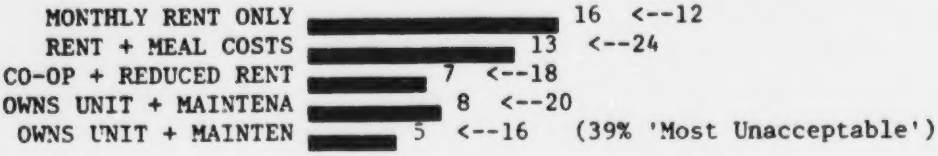
BOPTC2 TENURE: OWNING OR RENTING <--90



Valid Cases 49 Missing Cases 0

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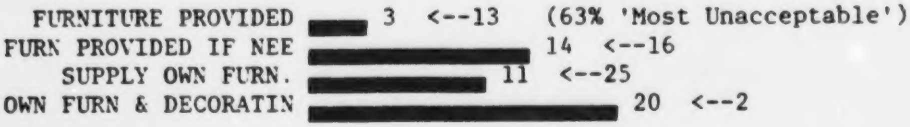
BOPTC3 FURNISHING OWN PRIVATE ROOMS <--56



Valid Cases 49 Missing Cases 0

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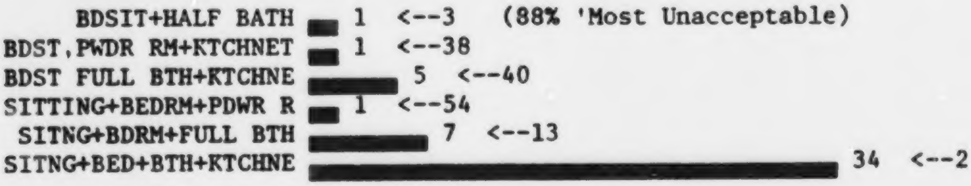
BOPTC4 OWN PRIVATE SPACE <--150



Valid Cases 49 Missing Cases 0

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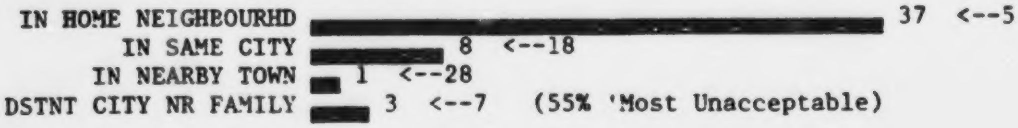
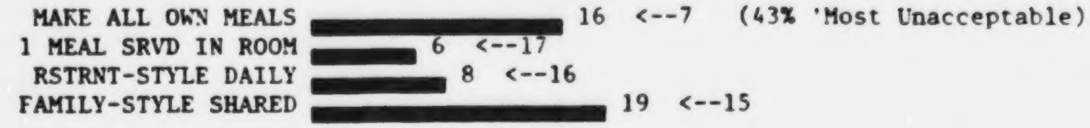
BOPTC5 LOCATION OF THE RESIDENCE <--58



Valid Cases 49 Missing Cases 0

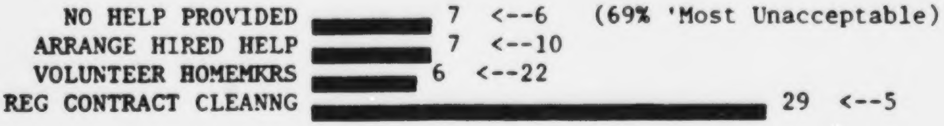
SERVICES FOR RESIDENTS

BOPTD1 ARRANGEMENTS FOR MEALS <--55



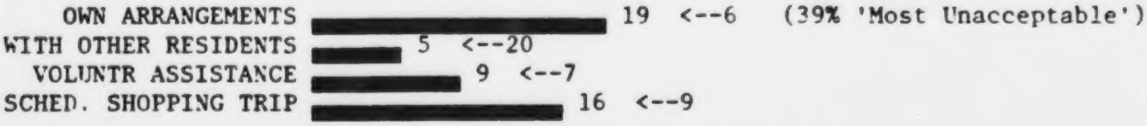
Valid Cases 49 Missing Cases 0

BOPTD2 HELP WITH CLEANING OWN ROOMS <--43



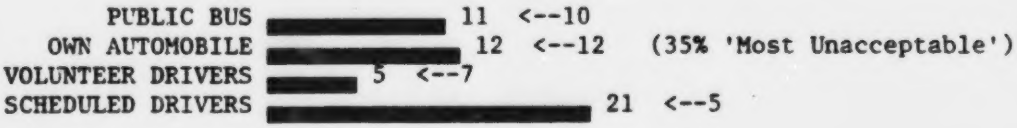
Valid Cases 49 Missing Cases 0

BOPTD3 ASSISTANCE WITH PERSONAL SHOPPING <--42



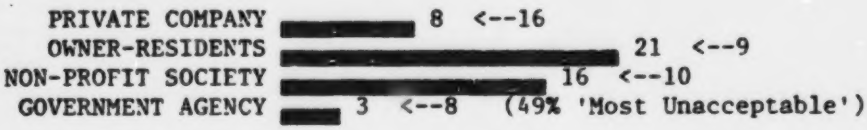
Valid Cases 49 Missing Cases 0

BOPTD4 TRANSPORTATION SERVICES <--34



Valid Cases 49 Missing Cases 0

BOPTD5 BUILDING OPERATOR OR MANAGER <--43



Valid Cases 48 Missing Cases 1

Appendix F.

Negotiable Options in Supportive Housing

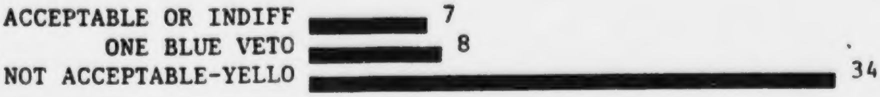
Option-by-Option Housing Preferences

APPENDIX F

NEGOTIABLE OPTIONS IN SUPPORTIVE HOUSING
OPTION-BY-OPTION PREFERENCES FOR 20 HOUSING FEATURES

TAKING PART IN RESIDENCE DECISIONS

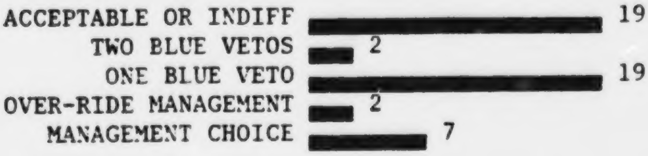
OPTA11 RESIDENCE DECISIONS NOT ENCOURAGED



Valid Cases 49 Missing Cases 0

- -

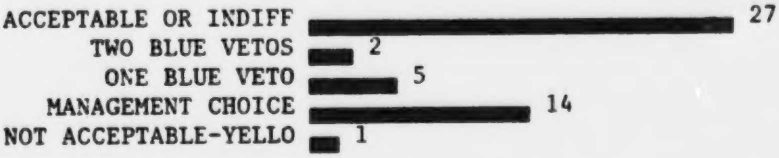
OPTA12 OCCASIONAL RESIDENTS SUGGESTIONS CONSIDERED



Valid Cases 49 Missing Cases 0

- -

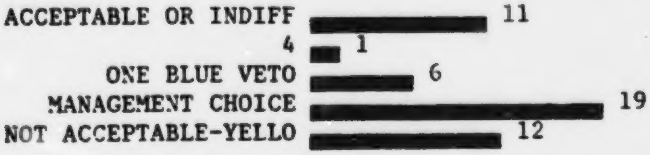
OPTA13 RESIDENTS DECISIONS ENCOURAGED FOR CERTAIN ACTIVITIES



Valid Cases 49 Missing Cases 0

- -

OPTA14 RESIDENTS DECISIONS EXPECTED AND ENCOURAGED

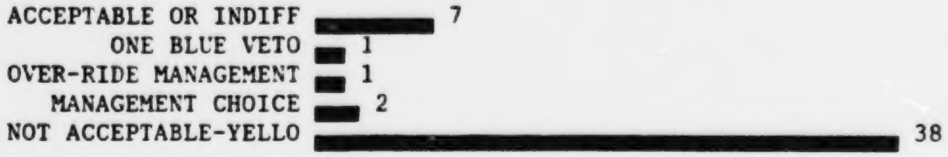


Valid Cases 49 Missing Cases 0

- -

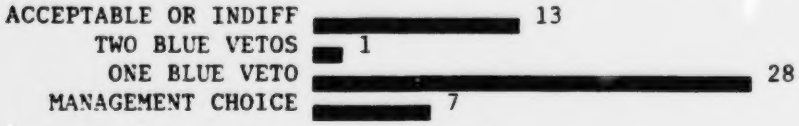
USE OF A SHARED KITCHEN

OPTA21   SHARED KITCHEN: NO ACCESS



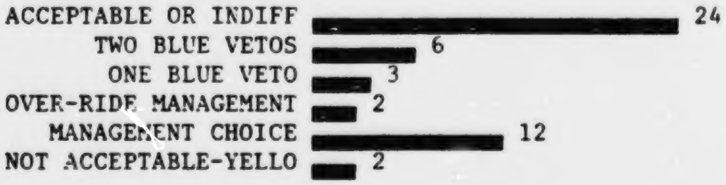
Valid Cases 49 Missing Cases 0

OPTA22   SHARED KITCHEN: ALLOWED ON SPECIAL OCCASIONS



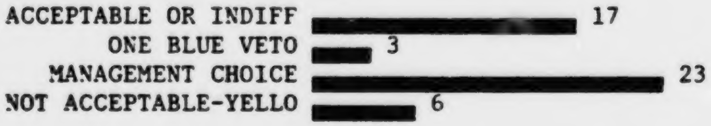
Valid Cases 49 Missing Cases 0

OPTA23   SHARED KITCHEN: ALLOWED AT SCHEDULED TIMES



Valid Cases 49 Missing Cases 0

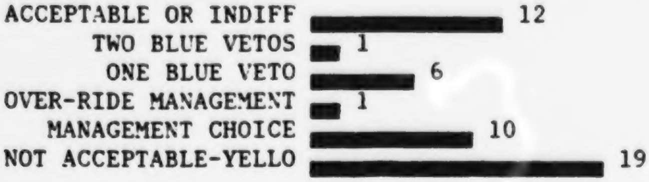
OPTA24   SHARED KITCHEN: CAN BE FREELY USED



Valid Cases 49 Missing Cases 0

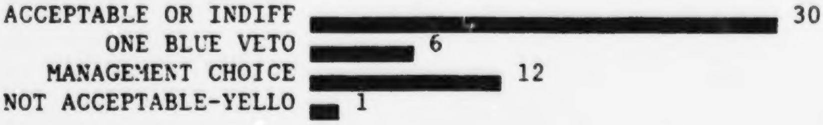
SHARE IN RUNNING AND MAINTAINING THE HOME

OPTA31 SHARE IN MAINTAINING HOME: NO HELP EXPECTED



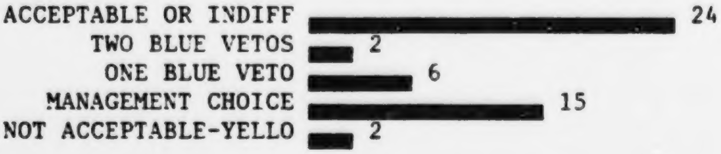
Valid Cases 49 Missing Cases 0

OPTA32 SHARE IN MAINTAINING HOME: MAY VOLUNTEER HELP



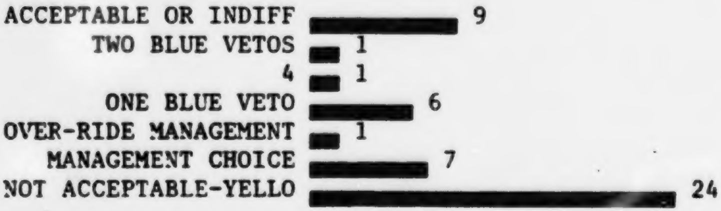
Valid Cases 49 Missing Cases 0

OPTA33 SHARE IN MAINTAINING HOME: HELP IS ENCOURAGED



Valid Cases 49 Missing Cases 0

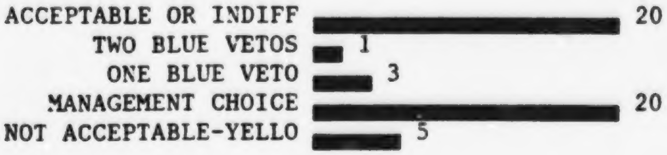
OPTA34 SHARE IN MAINTAINING HOME: HELP IS EXPECTED



Valid Cases 49 Missing Cases 0

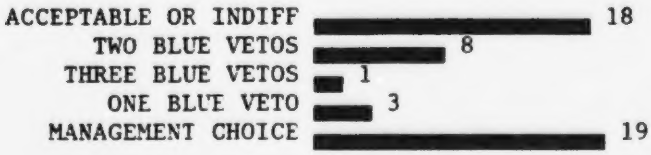
NUMBER OF RESIDENTS SHARING THE BUILDING

OPTA41   NUMBER OF RESIDENTS SHARING: 3 - 9



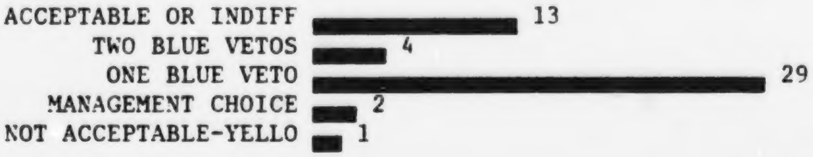
Valid Cases   49   Missing Cases   0

OPTA42   NUMBER OF RESIDENTS SHARING: 10 -35



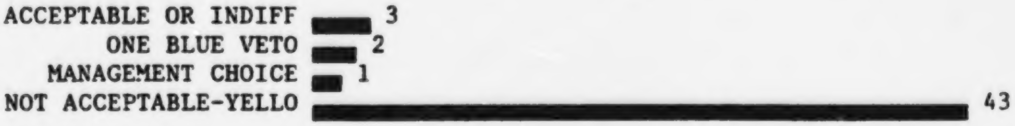
Valid Cases   49   Missing Cases   0

OPTA43   NUMBER OF RESIDENTS SHARING: 36 - 99



Valid Cases   49   Missing Cases   0

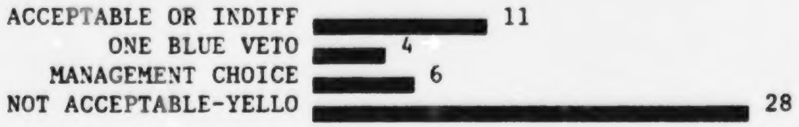
OPTA44   NUMBER OF RESIDENTS SHARING: 100 OR MORE



Valid Cases   49   Missing Cases   0

SHARED SPACES IN THE BUILDING

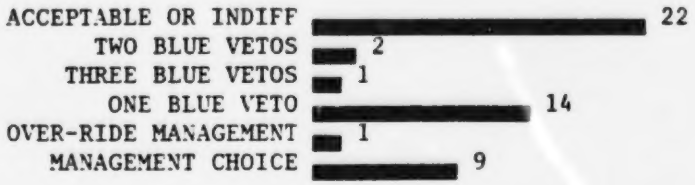
OPTA51 SHARED SPACES: ENTRANCE ONLY



Valid Cases 49 Missing Cases 0

- -

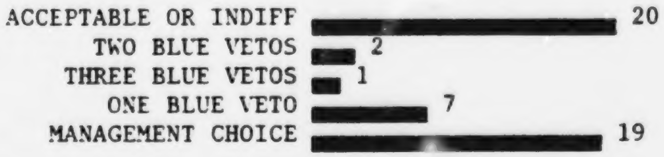
OPTA52 SHARED SPACES: ENTRANCE AND LOUNGE



Valid Cases 49 Missing Cases 0

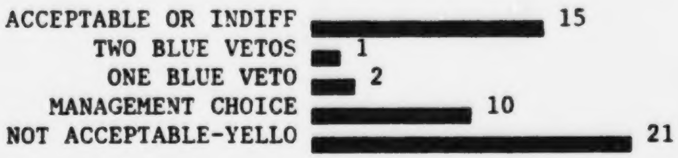
- -

OPTA53 SHARED SPACES: ENTRANCE, LOUNGE AND DINING ROOM



Valid Cases 49 Missing Cases 0

OPTA54 SHARED SPACES: ENTRANCE, DINING, KITCHEN & ACTIVITY ROOMS

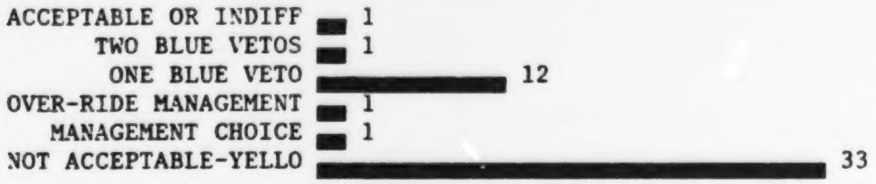


Valid Cases 49 Missing Cases 0

- -

RULES FOR OUTSIDE ACTIVITIES

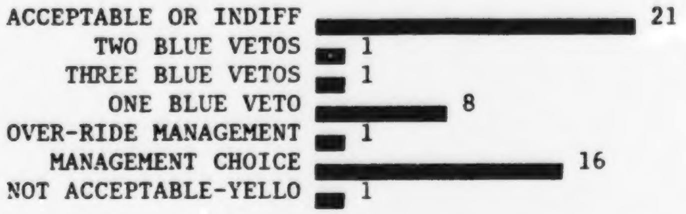
OPTB11 RULES FOR OUTSIDE ACTIVITY: OUTING TIMES REGULATED



Valid Cases 49 Missing Cases 0.

- -

OPTB12 RULES FOR OUTSIDE ACTIVITY: TAILORED TO INDIVIDUAL NEEDS



Valid Cases 49 Missing Cases 0

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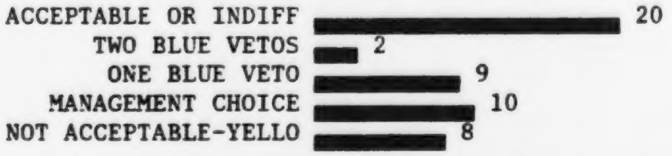
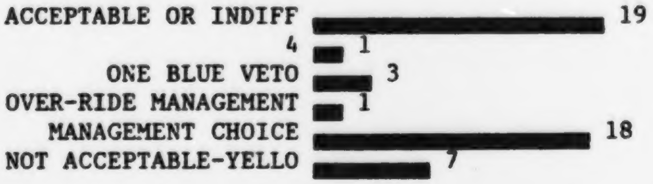
OPTB13 RULES FOR OUTSIDE ACTIVITY: SIGN OUT - SIGN IN WHEN AWAY



Valid Cases 49 Missing Cases 0

- -

OPTB14 RULES FOR OUTSIDE ACTIVITY: UNREGULATED OPEN DOOR POLICY

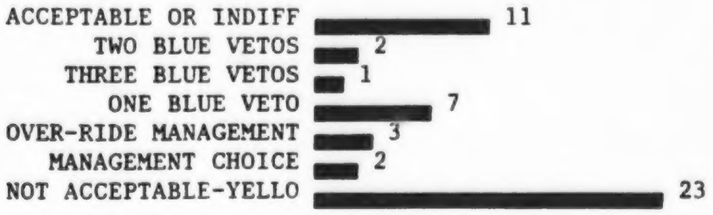


Valid Cases 49 Missing Cases 0

- -

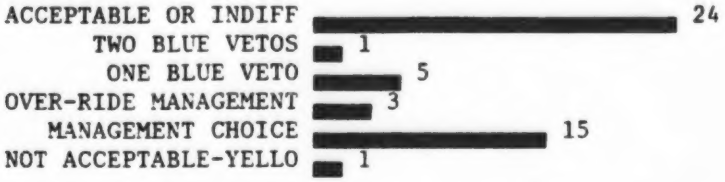
SELECTION OF RESIDENTS: RESIDENTS ARE LIMITED TO...

OPTB21 RESIDENTS LIMITED TO: INCOME ASSISTANCE RECIPIENTS ONLY



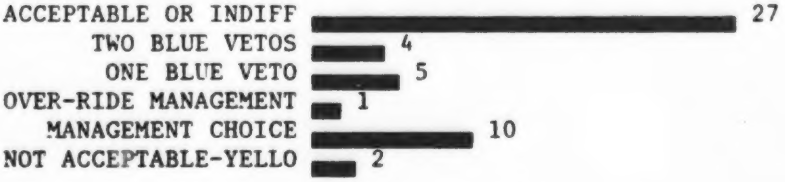
Valid Cases 49 Missing Cases 0

OPTB22 RESIDENTS LIMITED TO: PERSONS OVER A CERTAIN AGE



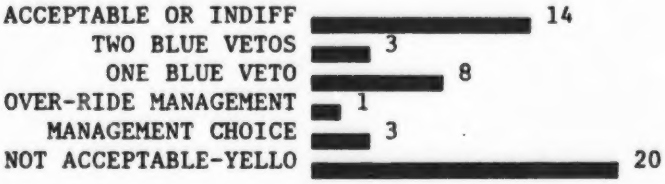
Valid Cases 49 Missing Cases 0

OPTB23 RESIDENTS LIMITED TO: PERSONS WIDOWED OR SINGLE



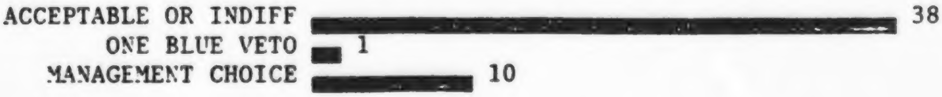
Valid Cases 49 Missing Cases 0

OPTB24 RESIDENTS LIMITED TO: ALL MEN OR ALL WOMEN



Valid Cases 49 Missing Cases 0

OPTB25 RESIDENTS LIMITED TO: ANYONE WHO IS COMPATIBLE



Valid Cases 49 Missing Cases 0

RULES ABOUT VISITORS

```
OPTB31    VISITOR RULES: SET VISITING TIMES

ACCEPTABLE OR INDIFF   7
      ONE BLUE VETO    5
  MANAGEMENT CHOICE    1
NOT ACCEPTABLE-YELLO   36

Valid Cases      49      Missing Cases     0
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

OPTB32    VISITOR RULES: SET NUMBER OF VISITORS AT ANY ONE TIME

ACCEPTABLE OR INDIFF   14
     TWO BLUE VETOS    1
   THREE BLUE VETOS    1
      ONE BLUE VETO    27
  MANAGEMENT CHOICE    4
NOT ACCEPTABLE-YELLO   2

Valid Cases      49      Missing Cases     0
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

OPTB33    VISITOR RULES: LIMITED ACTIVITIES FOR VISITORS

ACCEPTABLE OR INDIFF   23
     TWO BLUE VETOS    13
      ONE BLUE VETO    4
  MANAGEMENT CHOICE    5
NOT ACCEPTABLE-YELLO   4

Valid Cases      49      Missing Cases     0
--------------------------------------------------------------------

OPTB34    VISITOR RULES: NO RESTRICTIONS BEYOND COMMON COURTESY

ACCEPTABLE OR INDIFF   23
     TWO BLUE VETOS    1
   THREE BLUE VETOS    1
      ONE BLUE VETO    1
  MANAGEMENT CHOICE    22
NOT ACCEPTABLE-YELLO   1

Valid Cases      49      Missing Cases     0
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

OPTB35  OVERNIGHT ACCOMMODATIONS ARE PROVIDED FOR VISITORS

ACCEPTABLE OR INDIFF   31
      ONE BLUE VETO    1
  MANAGEMENT CHOICE    13
NOT ACCEPTABLE-YELLO   4

Valid Cases      49      Missing Cases     0
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
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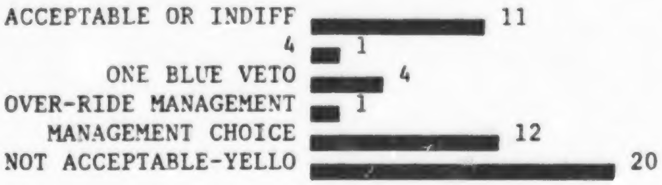
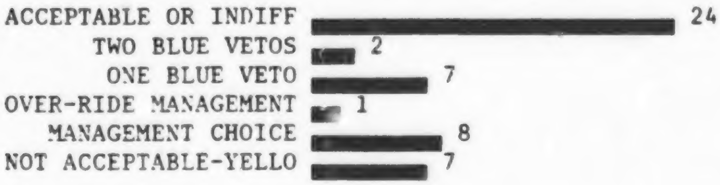
OPPORTUNITIES FOR COMPANIONSHIP

OPTB41 COMPANIONSHIP: COMMON COURTESIES, LITTLE INFORMAL SOCIAL LIFE



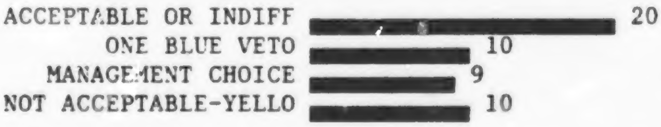
Valid Cases 49 Missing Cases 0

OPTB42 COMPANIONSHIP: A FEW SCHEDULED ACTIVITIES



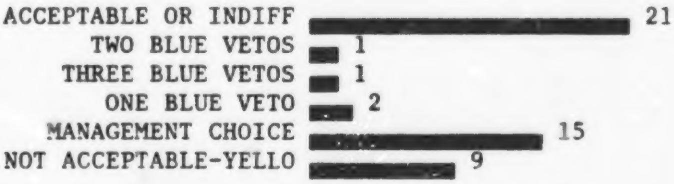
Valid Cases 49 Missing Cases 0

OPTB43 COMPANIONSHIP: MANY SCHEDULED SOCIAL ACTIVITIES



Valid Cases 49 Missing Cases 0

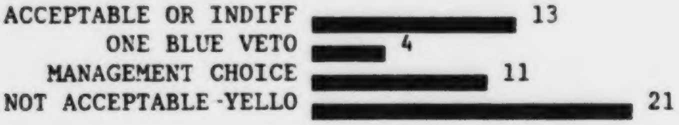
OPTB44 COMPANIONSHIP: MUCH INFORMAL SOCIAL LIFE AND ACTIVITY



Valid Cases 49 Missing Cases 0

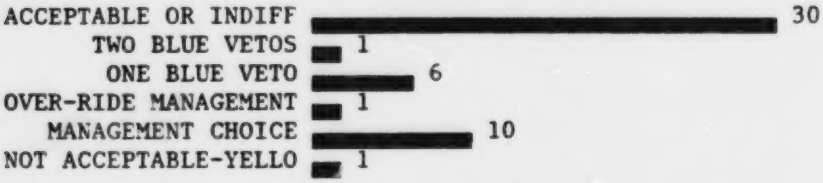
MUTUAL HELP AMONG RESIDENTS

OPTB51 MUTUAL HELP IS NOT EXPECTED



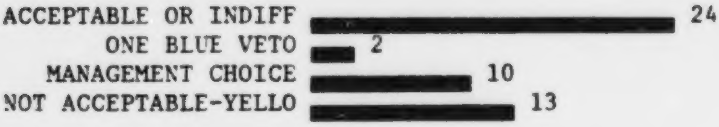
Valid Cases 49 Missing Cases 0

OPTB52 MUTUAL HELP IS EXPECTED SOMETIMES



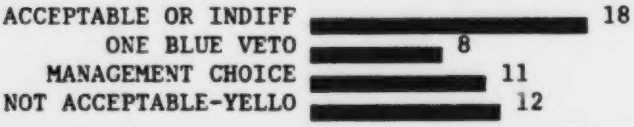
Valid Cases 49 Missing Cases 0

OPTB53 MUTUAL HELP: PLANNED BUDDY SYSTEM



Valid Cases 49 Missing Cases 0

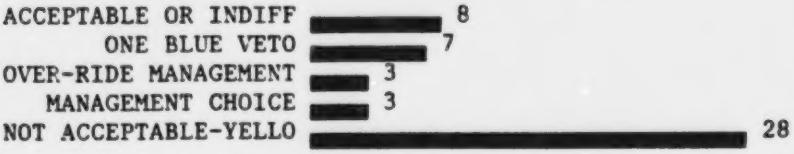
OPTB54 MUTUAL HELP: EXCHANGE COMPLEMENTARY INTERESTS AND SKILLS



Valid Cases 49 Missing Cases 0

PERSONAL STORAGE FACILITIES

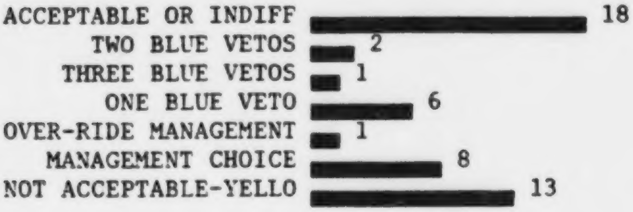
OPTC11 PERSONAL STORAGE: 1 BIG CLOSET IN OWN ROOMS



Valid Cases 49 Missing Cases 0

- -

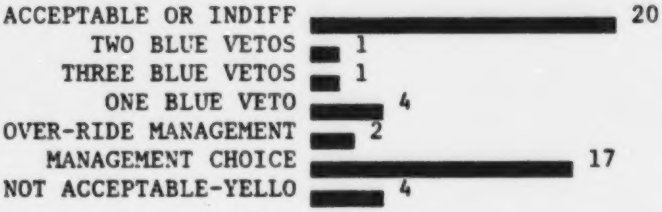
OPTC12 PERSONAL STORAGE: OWN BIG CLOSET, AND SHARED STORAGE ROOMS



Valid Cases 49 Missing Cases 0

- -

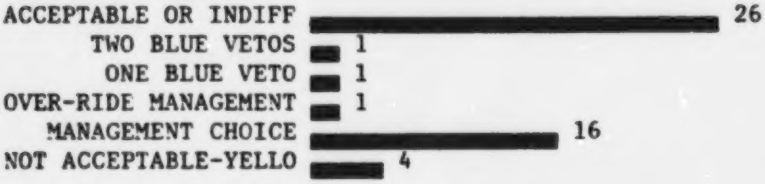
OPTC13 PERSONAL STORAGE: 2 BIG CLOSETS IN OWN ROOMS



Valid Cases 49 Missing Cases 0

- -

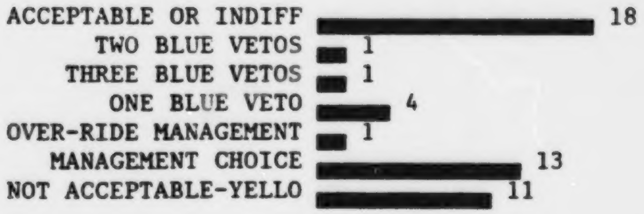
OPTC14 PERSONAL STORAGE: 1 BIG CLOSET OWN ROOMS & STORAGE LOCK-UP



Valid Cases 49 Missing Cases 0

TENURE: OWNING VS. RENTING VS. CO-OPERATIVE OWNERSHIP

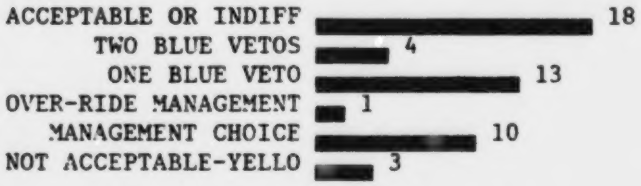
OPTC21 TENURE: MONTHLY RENT ONLY



Valid Cases 49 Missing Cases 0

- -

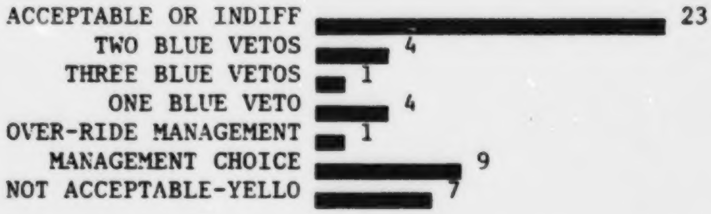
OPTC22 TENURE: MONTHLY RENT PLUS SHARED MEAL COSTS



Valid Cases 49 Missing Cases 0

- -

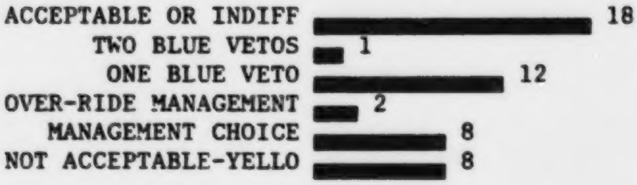
OPTC23 TENURE: CO-OP OWNERSHIP WITH REDUCED RENTS



Valid Cases 49 Missing Cases 0

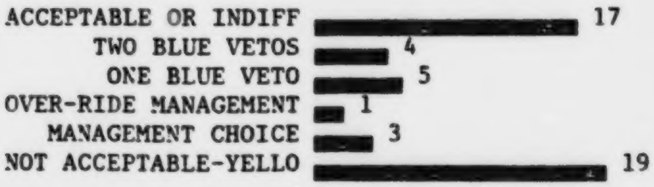
- -

OPTC24 TENURE: OWNS OWN UNIT, PLUS MAINTENANCE CHARGES



Valid Cases 49 Missing Cases 0

OPTC25 TENURE: OWNS UNIT, MAINTENANCE & SHARE MEAL COSTS

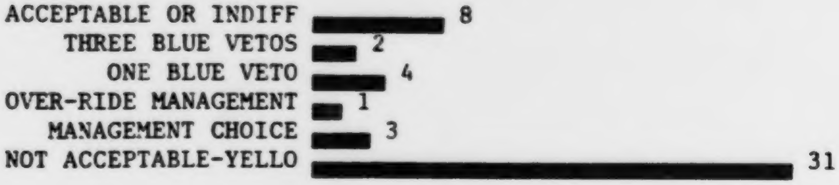


Valid Cases 49 Missing Cases 0

- -

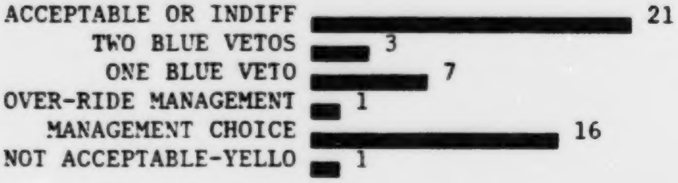
FURNISHING OWN PRIVATE QUARTERS

OPTC31   FURNISHINGS: ALL FURNITURE PROVIDED



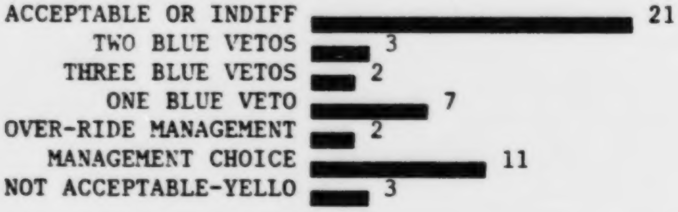
- -

OPTC32   FURNISHINGS: FURNITURE PROVIDED IF NEEDED

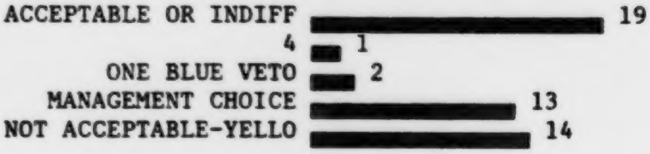


- -

OPTC33   FURNISHINGS: RESIDENTS PROVIDE FURNITURE, BUT NOT DECORATING



OPTC34   FURNISHINGS: RESIDENTS PROVIDE FURNITURE AND ALL DECORATING



Valid Cases   49   Missing Cases   0

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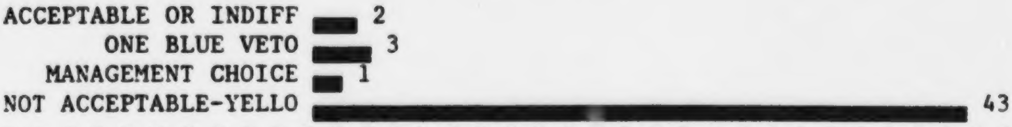
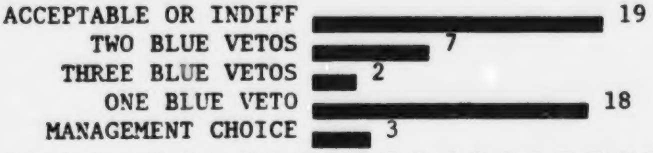
OWN PRIVATE QUARTERS

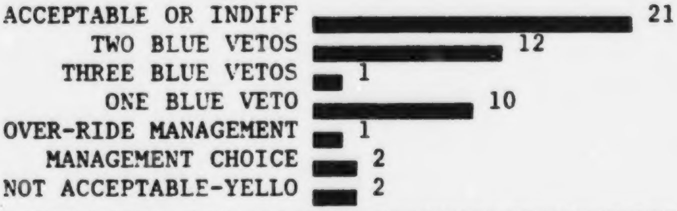
OPTC41 OWN ROOMS: BEDSITTING WITH HALF-BATH



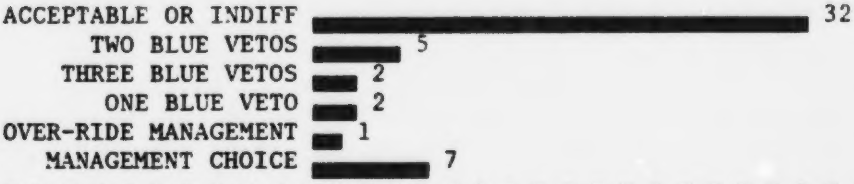
OPTC42 OWN ROOMS: BEDSITTING PLUS FULL BATH



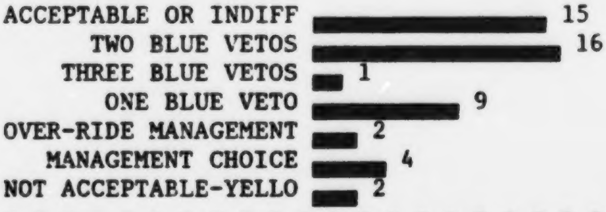
OPTC43 OWN ROOMS: BEDSITTING, HALF-BATH AND KITCHENETTE



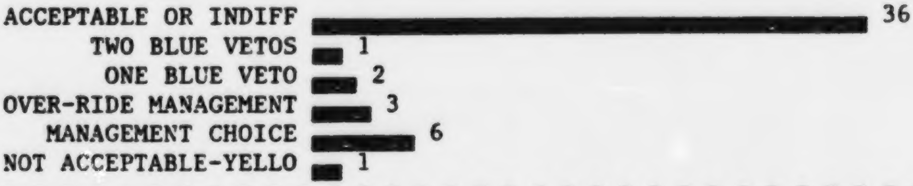
OPTC44 OWN ROOMS: BEDSITTING, FULL BATH & KITCHETTE



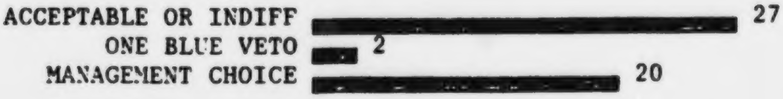
OPTC45 OWN ROOMS: SITTING ROOM, BEDROOM, HALF-BATH



OPTC46 OWN ROOMS: SITTING ROOM, BEDROOM & FULL BATH

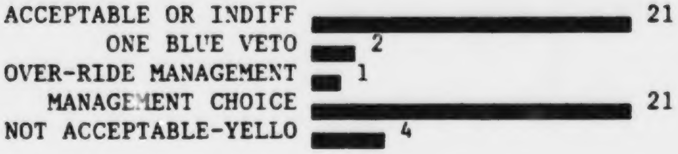


OPTC47 OWN ROOMS: SITTING ROOM, BEDROOM, FULL BATH & KITCHENETTE



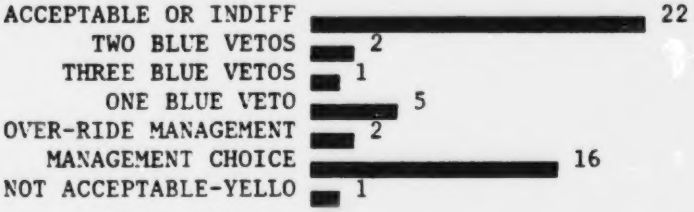
LOCATION OF THE SUPPORTIVE HOME

OPTC51   LOCATION: IN HOME NEIGHBOURHOOD



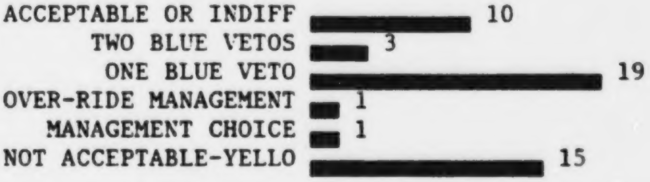
Valid Cases   49   Missing Cases   0

OPTC52   LOCATION: IN SAME CITY



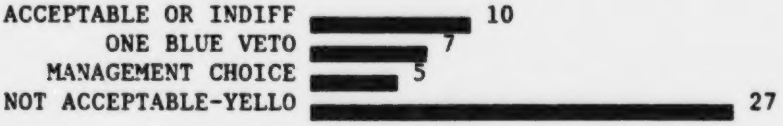
Valid Cases   49   Missing Cases   0

OPTC53   LOCATION: IN NEARBY TOWN



Valid Cases   49   Missing Cases   0

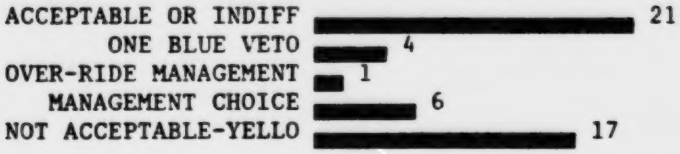
OPTC54   LOCATION: IN DISTANT CITY, NEAR FAMILY



Valid Cases   49   Missing Cases   0

ARRANGEMENTS FOR MEALS

OPTD11 MEALS: OWN ARRANGEMENTS FOR ALL MEALS



Valid Cases 49 Missing Cases 0

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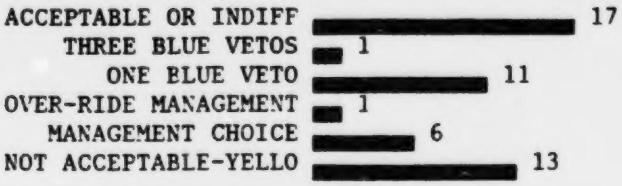
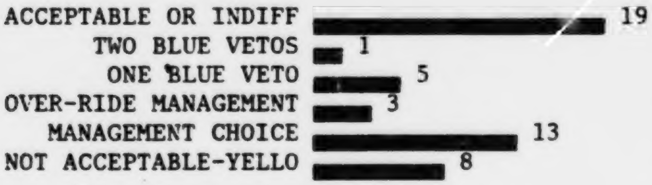
OPTD12 MEALS: ONE MEAL DAILY IN OWN ROOMS



Valid Cases 49 Missing Cases 0

- -

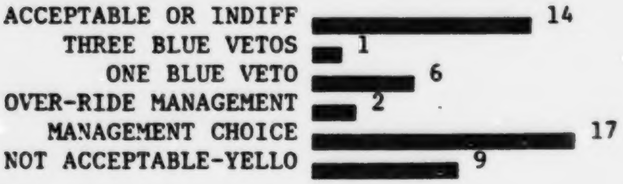
OPTD13 MEALS: RESTAURANT STYLE MEALS SERVED DAILY



Valid Cases 49 Missing Cases 0

- -

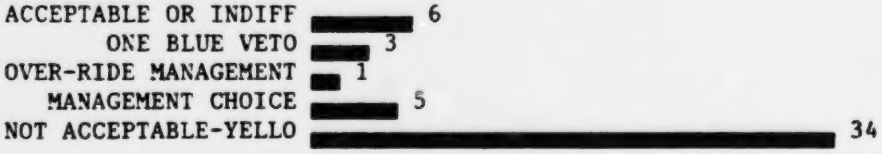
OPTD14 MEALS: FAMILY STYLE MEALS SHARED DAILY



Valid Cases 49 Missing Cases 0

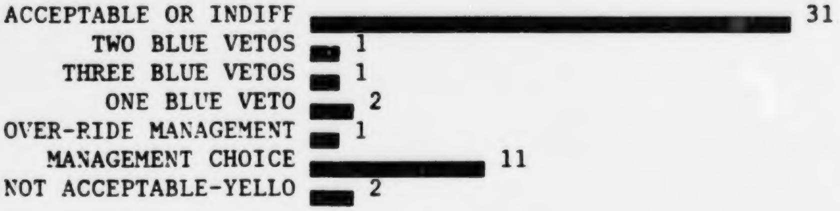
HELP WITH CLEANING OWN ROOMS

OPTD21 CLEANING OWN ROOMS: NO HELP PROVIDED



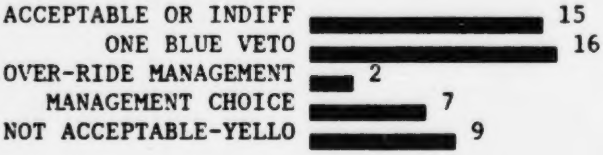
Valid Cases 49 Missing Cases 0

OPTD22 CLEANING OWN ROOMS: HIRED HELP BY ARRANGEMENT



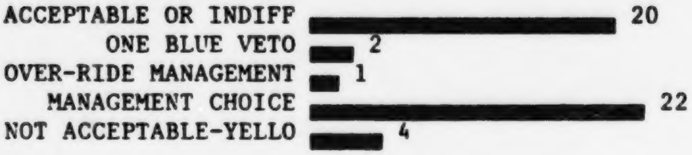
Valid Cases 49 Missing Cases 0

OPTD23 CLEANING OWN ROOMS: OCCASIONAL VOLUNTEER HOMEMAKERS



Valid Cases 49 Missing Cases 0

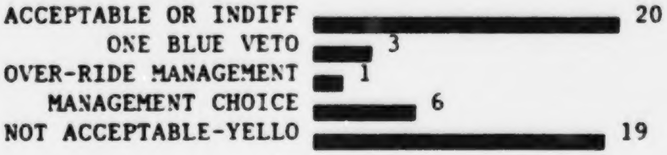
OPTD24 CLEANING OWN ROOMS: REGULAR CONTRACT CLEANING PROVIDED



Valid Cases 49 Missing Cases 0

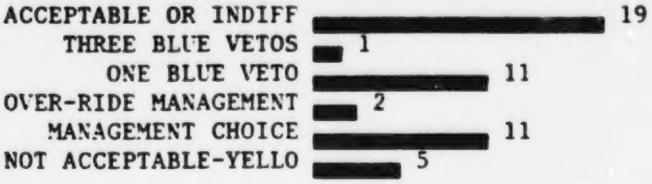
ASSISTANCE WITH PERSONAL SHOPPING

OPTD31 PERSONAL SHOPPING: NO HELP, OWN ARRANGEMENTS



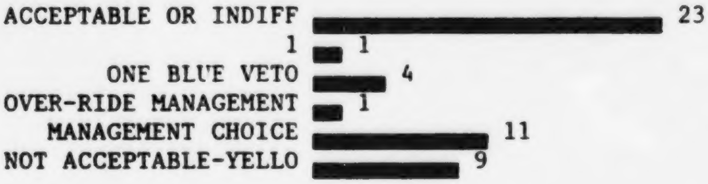
Valid Cases 49 Missing Cases 0

OPTD32 PERSONAL SHOPPING: ARRANGED INFORMALLY WITH OTHERS



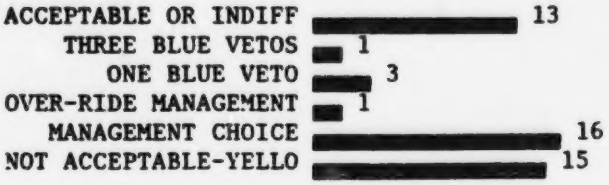
Valid Cases 49 Missing Cases 0

OPTD33 PERSONAL SHOPPING: VOLUNTEER ASSISTANCE BY ARRANGEMENT



Valid Cases 49 Missing Cases 0

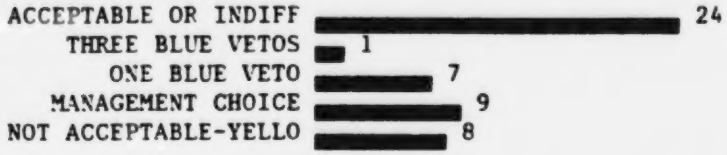
OPTD34 PERSONAL SHOPPING: REGULAR SCHEDULED SHOPPING TRIPS PROVIDED



Valid Cases 49 Missing Cases 0

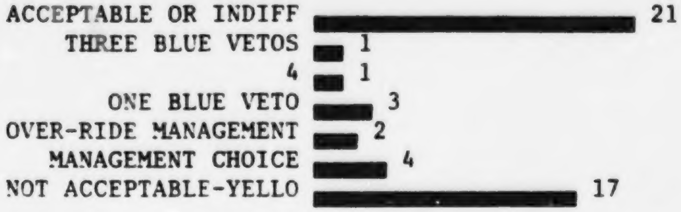
BUILDING OPERATOR AND MANAGEMENT

OPTD41 BUILDING MANAGEMENT: PRIVATE COMPANY



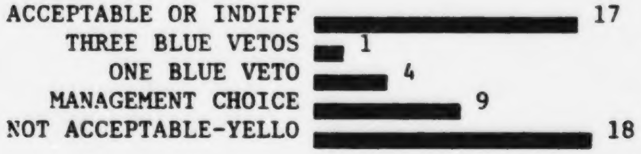
Valid Cases 49 Missing Cases 0

OPTD42 BUILDING MANAGEMENT: OWNER-RESIDENTS



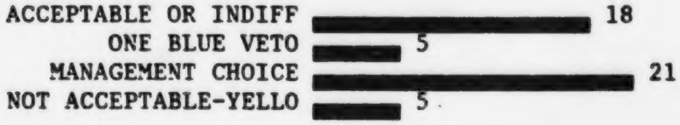
Valid Cases 49 Missing Cases 0

OPTD43 BUILDING MANAGEMENT: CHARITABLE NON-PROFIT SOCIETY



Valid Cases 49 Missing Cases 0

OPTD44 BUILDING MANAGEMENT: GOVERNMENT AGENCY



Valid Cases 49 Missing Cases 0

TRANSPORTATION

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OPTD51    TRANSPORTATION: PUBLIC BUS NEARBY

ACCEPTABLE OR INDIFF ███████████████ 14
      TWO BLUE VETOS █████ 4
       ONE BLUE VETO █████████ 8
   MANAGEMENT CHOICE ████████ 7
NOT ACCEPTABLE-YELLO █████████████████ 16

Valid Cases      49      Missing Cases     0
----------------------------------------------------------------------------

OPTD52    TRANSPORTATION: OWN AUTOMOBILE

ACCEPTABLE OR INDIFF █████████████████████████ 24
      TWO BLUE VETOS ██ 1
       ONE BLUE VETO ████████ 7
   MANAGEMENT CHOICE ██████████ 9
NOT ACCEPTABLE-YELLO █████████ 8

Valid Cases      49      Missing Cases     0

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

OPTD53    TRANSPORTATION: BY ARRANGEMENT WITH VOLUNTEER DRIVERS

ACCEPTABLE OR INDIFF ██████████████████ 17
      TWO BLUE VETOS ██ 1
       ONE BLUE VETO ██████ 5
OVER-RIDE MANAGEMENT ██ 1
   MANAGEMENT CHOICE ████████████████████████ 23
NOT ACCEPTABLE-YELLO ███ 2

Valid Cases      49      Missing Cases     0

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

OPTD54    TRANSPORTATION: REGULAR SCHEDULED SERVICE PROVIDED

ACCEPTABLE OR INDIFF █████████████████ 16
       ONE BLUE VETO ██████ 5
OVER-RIDE MANAGEMENT ██ 1
   MANAGEMENT CHOICE ██████ 5
NOT ACCEPTABLE-YELLO ███████████████████████ 22

Valid Cases      49      Missing Cases     0
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REFERENCES

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